

COUNTY BOROUGH OF ST. HELENS



Annual Report

of the

Medical Officer of Health

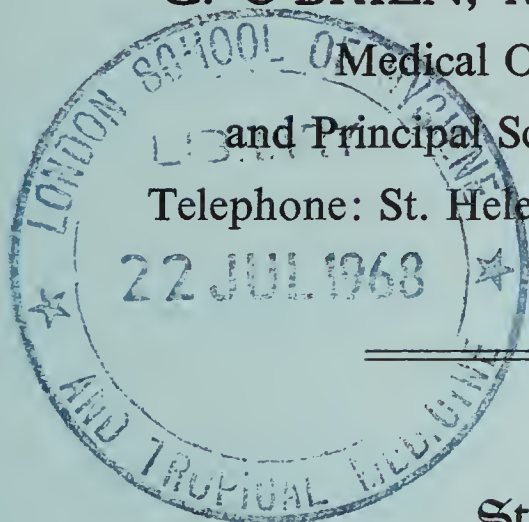
for the Year 1966

G. O'BRIEN, M.B., Ch.B., D.P.H.,

Medical Officer of Health

and Principal School Medical Officer

Telephone: St. Helens 24061 (Extension 231)



St. Helens

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TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY BOROUGH OF ST. HELENS

Mr. Mayor, Ladies and Gentlemen,

I beg to submit the Report on the health of St. Helens for the year 1966.

The following statement shows some of the principal statistical rates during the past five years.

	1962	1963	1964	1965	1966
Birth rate per 1,000 of population	18.3	17.7	17.0	17.6	17.1
Death rate per 1,000 of population ----	11.8	12.4	10.3	12.2	12.9
Infant Mortality per 1,000 live births	22.2	26.9	21.2	19.0	25.9
Maternal Mortality per 1,000 total births	1.0	2.5	1.08	0.0	0.0
Tuberculosis death rate per 1,000 of population	0.11	0.07	0.11	0.07	0.08

There were 1,774 live births during 1966 as against 1,846 in 1965, giving a birth rate of 17.1 per 1,000 population. This was lower than the figure of 17.6 per 1,000 for 1965, and I think was undoubtedly due to the younger married couples leaving the town to live in overspill private and municipal housing schemes in the County. With the possibility of the release of land for building in the southern area of the town, where extensive private development is now proceeding, this factor may right itself in succeeding years. Of all births during the year, 79 % took place in institutions, the balance of 21 % being domiciliary.

The infant mortality rate of 25.9 per 1,000 live births contrasts rather unfavourably with the figure of 19.0 per 1,000 in 1965. This latter figure had been the lowest ever recorded in the County Borough, and while the contrast would at first appear to be disappointing, in fact practically one-sixth of the deaths in 1966 occurred in one month. The causal factors were deaths from prematurity and the occurrence of a number of cases of broncho-pneumonia of a fulminating type. This fortuitous occurrence of an unusually larger number of infant deaths in one month undoubtedly produced this rather high figure. There were no maternal deaths during the year.

There were 1,334 deaths during 1966, compared with 1,277 in 1965 giving a death rate of 12.9 per 1,000 population. The above table shows the relationship with previous years, and evinces no marked change. There was no indication that there was any significant shift in the usual distribution of, categories of death.

As regards infectious diseases, there were no cases of diphtheria or poliomyelitis during the year, nor indeed any incidence of the major epidemic diseases. There was, it is true, a sharp outbreak of influenza during the early part of the year, but this was mild in nature and caused most incapacity in the younger age-groups.

During the year there was continuing difficulty in maintaining departmental staff establishment. One post of Assistant Medical Officer of Health could not be filled, and the work had to be carried out by the employment of part-time temporary staff. There was a continued shortage of Health Visitors and Welfare and Teaching Officers of the Mental Health Section. As regards Public Health Inspectors, despite recruitment from outside and from local schemes of staff training, the section remained below establishment. Because of this, two posts of Technical Assistants were created to assist Public Health Inspectors in the house surveys associated particularly with Smoke Abatement. This, of course, had the effect of freeing the Public Health Inspectors for more specialised work so necessary in the vital programme of slum clearance. This scheme has proved a success, but it is hoped that in the future continued staff training will provide more trained Officers. At the present moment, unfortunately, recruitment in this respect barely balances wastages and losses to other Authorities.

A similar situation exists in the field of central clerical administration. There is at present undoubtedly a shortage of experienced and trained senior administrative staff, and it should be realised that the tasks undertaken in the department can only be achieved to the extent of the trained personnel available to develop them. There has never been lack of will on the part of our Committees and the Department which they administer, to undertake new enterprises and new responsibilities, but this work requires skilled administrators and skilled workers. Despite past disappointments, it is our constant endeavour to concentrate on more and more in-service training, and to offer increased inducements to young persons of appropriate capability to join Local Government Health Services. It should never be forgotten that this is as much a career service for administrators as is the Hospital and Executive Council Services, and is an integral and essential part of the comprehensive health services which serve the community under the National Health Service Act.

Mention is made in the report of the continuing development in the community Mental Health Services. The building of the two new Hostels for the mentally subnormal and the mentally handicapped continued during the year, and there was an extension to the Adult Training Centre for the mentally handicapped which is now developing as an Industrial Centre. The provision of a new Centre to meet the demands on accommodation and work is becoming a matter of urgency when it is considered that the existing premises at Sinclair Street may shortly be demolished to make way for road development. A site for a new Centre has been tentatively allocated in the Blackbrook Area. In the sphere of infant welfare, a start was made on the provision of a new Maternity and Child Welfare Clinic for the Sutton district, and in the body of the Report opportunity is taken to comment on the adjustments to the maternity and infant welfare services occasioned by the reorganisation of the Maternity Hospital services in the area.

In the field of Slum Clearance and Smoke Abatement, continued progress was made during the year. Numbers 2, 3 and 4 Smoke Control Areas were confirmed by the end of the year, and one other major area had been surveyed and represented to the Ministry. In Slum Clearance, 9 Clearance Areas were represented to the Public Health Committee, comprising a total of 344 houses, and during the year 316 houses were demolished and families comprising 404 persons were rehoused.

The work of building the new Abattoir proceeded during the year and the administrative arrangements in connection with the running of the Abattoir itself occasioned frequent meetings with the local wholesale meat traders.

These negotiations proved long and difficult, but finally emerged with the pattern of the Local Authority being responsible for the administration and management of the Abattoir, and the formation of a company by members of the trade who entered into an agreement with the Local Authority for the conduct of slaughtering in the new premises.

Much endeavour during the year was necessarily concerned with the work of schemes of capital development which had been previously planned and which reached completion. This involved much work on behalf of members of the staff, to whom my thanks are due for their sincere co-operation. I would express my gratitude to members of the Health and Public Health Committees and to members of the Council for their help, advice and encouragement during the year.

I have the honour to be,

Your obedient servant,

G. O'BRIEN.

PUBLIC HEALTH COMMITTEE, 1966/67

Chairman:

ALDERMAN J. F. McDONNELL

Deputy-Chairman:

ALDERMAN M. A. SHARD, J.P.

The Right Worshipful the Mayor
COUNCILLOR W. L. WILLIAMS, J.P.

Alderman W. Burrows, O.B.E. J.P.

,, J. J. Henebery, J.P.

,, J. E. Hughes, O.B.E., M.M., J.P. (to 20/10/66)

,, P. M. Lowe

,, J. A. Waring, J.P.

Councillor W. Andrews

,, T. Harvey

,, W. Johnson

,, E. Kerr

,, M. McNamara

,, R. T. Pardoe

,, J. Tickle (from 7/12/66)

,, T. Wilcock

HEALTH COMMITTEE

The Public Health Committee and the following:

Mrs. B. McGhie (co-opted)

Dr. D. R. Holden (nominated by the Local Medical Committee)

Mr. W. Davies (nominated by the St. Helens Executive Council)

Mrs. E. M. L. Else, J.P. (nominated by St. Helens and District Hospital Management Committee).

STAFF

Medical Officer of Health and Principal School Medical Officer:

GERALD O'BRIEN, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health:

JOHN E. O'MALLEY, M.R.C.S., L.R.C.P., D.P.H.

Senior Clinical Medical Officer for Maternal and Child Welfare:

Bessie Howarth, M.B., Ch.B. (ceased 11/9/66)

Joseph Briffa Boothman, M.D., D.P.H. (from 1/12/66)

Assistant Medical Officers of Health:

Sylvia J. A. Raymond, M.B., Ch.B., D.C.H.

Ruth Singer, M.R.C.S., L.R.C.P.

Dental Officers:

James P. H. Donovan, L.D.S., R.C.S. (Principal School Dental Officer).

Annie Patricia Farrell, B.D.S., School Dental Officer

Public Health Inspectors:

Chief Public Health Inspector: Nathaniel Birch

James R. R. Norris, *Deputy Chief Public Health Inspector*

Griffith R. Hull, *Atmospheric Pollution Inspector*

Fred Platt, *Specialist Inspector*

Thomas Dean, *Specialist Inspector*

Norman Smith, *Specialist Inspector*

John B. Douglas, *Specialist Inspector*

John McConnell, *Specialist Inspector*.

Leslie N. Biddulph, *Specialist Inspector* (from 1/8/66)

Henry P. Bird, *Public Health Inspector*.

James A. Cavanagh, *Public Health Inspector* (ceased 17/7/66)

Robert C. Woods, *Public Health Inspector*.

William H. Jackson, *Public Health Inspector*

Stanley G. Williams, *Public Health Inspector* (ceased 25/2/66)

Eric Sawyer, *Public Health Inspector*

James K. Webster, *Public Health Inspector* (ceased 31/1/66)

Graham W. Peattie, *Public Health Inspector* (ceased 11.4.66)

Ronald Dunne, *Public Health Inspector* (from 1/4/66 to 30/10/66).

Stephen Davies, *Public Health Inspector* (from 11/7/66)

Health Visitors and School Health Visitors:

Superintendent: Rita Lamb

Deputy Superintendent: Annie Pimblett

Lilian S. Boardman

Emily E. Cameron

Margaret Cunliffe

Edith Lilian Farmer

Teresa J. Howard

STAFF—*continued**Health Visitors and School Health Visitors—continued.*

Catherine Knowles
 Constance M. Pennington
 Joan Highcock
 Leah Fazackerley
 Margaret P. Heffernan
 Veronica M. O’Ryan

Margaret T. Fleming (ceased 19/6/66)
 Lydia O. A. Campbell (ceased 27/3/66)
 Eva V. McDonald
 Frances M. Clare
 Freda G. Rigby
 Bridget Madu (from 1/8/66)

Student Health Visitors;

Jean Fairclough (from 14/9/66)

Midwives:

Non-Medical Supervisor of Midwives: Audrey I. Robinson

Margaret Boulton
 Ethel M. Burrows
 Eileen Evans
 Kathleen Gaskell
 Sheila P. Caine
 Bridget M. Hartley (née Geraghty)
 Olive M. Hardman

Caroline Leonard (Part-time)
 Elsie A. Parr
 Olwen Chisholm
 Constance A. Flood (ceased 16/10/66)
 Frances M. D. Rodgers (ceased 22/12/66)
 Enid Edwards (Part-time)

Chief Administrative Assistant: J. J. Spencer, D.P.A.

Welfare Officer (Prevention of Illness, Care and After-Care):

Mrs. Wendy E. Clements (from 13/6/66 to 2/9/66)

Tuberculosis Health Visitor (Part-time): Mrs. Bridget Jackman

Home Help Organiser: Mrs. Elizabeth Henton

Mental Welfare Officers:

James C. Ratcliffe, *Senior Mental Welfare Officer*
 Mary McKenna (ceased 30/4/66)
 John R. Bratt
 Christine Denton (ceased 30/5/66)
 Michael Daybell (Sectional Clerk, Mental Health Service)

Junior Training Centre Supervisor: Miss I. W. Marsh (ceased 28/4/66)
 Mrs. A. M. Depaolo (from 2/5/66)

Adult Training Centre Supervisor: Ronald Pardoe

STAFF—*continued*

Clerk/Dispenser:

Charles Watt (also part-time Welfare Officer, Special Treatment Centre).

Ambulance Service:

G. M. Norman (Ambulance Superintendent)

Day Nursery:

Margaret R. Ephgrave (Matron)

The following are Part-time Officers:

Consultant Obstetricians:

Percy Malpas, M.B., Ch.B., L.R.C.P., F.R.C.S., F.R.C.O.G. (ceased 20/7/66).

Henry V. Corbett, M.Sc., M.D., Ch.B., F.R.C.S., L.R.C.P., M.M.S.A.,
M.R.C.O.G.

Cecil I. Moss, M.B., Ch.B. (from 12/10/66).

Area Chest Physician:

J. B. H. MacArthur, M.B., B.S., M.R.C.P.E.

Consultant Psychiatric Adviser:

John M. A. C. Stewart, M.B., Ch.B.

Public Analyst and Agricultural Analyst:

J. G. Sherratt, B.Sc., F.R.I.C.

Anaesthetist:

M. J. McCann, L.R.C.P. (Ireland)

Dental Nurse: Margaret M. Litherland

I.—GENERAL AND VITAL STATISTICS—1966

Area (acres)	8,865
Population (estimated, mid-year 1966)	103,780
Rateable Value	£3,588,241
Product of a penny rate	£14,106

STATISTICAL SUMMARY FOR 1966

	M.	F.	Total
Live Births:— Legitimate	885	800	1,685
Illegitimate	51	38	89
Totals	936	838	1,774
Birth Rate per 1,000 of the estimated population			17.1
Still-Births:—M. 22, F. 23; Total: 45.			
Rate per 1,000 total (live and still) births			24.7
Total live and still births:—Live			1,774
Still births			45
			1,819

Illegitimate live births: 89												
Percentage of total live births: 5.0%												
Deaths:—M. 718, F. 616; Total: 1,334												
Crude Death Rate per 1,000 of the estimated population										.....	.....	12.9
Deaths of infants under one year of age:—												
										M.	F.	Total
Legitimate										20	22	42
Illegitimate										4	—	4
										24	22	46

Death Rate of infants under one year of age:—			
All infants per 1,000 live births			25.9
Legitimate infants per 1,000 legitimate live births.....			24.9
Illegitimate infants per 1,000 illegitimate live births			44.9
Neo-Natal Deaths: (i.e. Deaths of infants under 4 weeks)			
Deaths: M. 16 F. 12 Total: 28			
Neo-Natal Death Rate: (per 1,000 live births)			15.8
Early Neo-Natal Deaths: (i.e. Deaths of Infants under one week)			
Deaths: M. 13 F. 10 Total: 23			
Early Neo-Natal Death Rate: (per 1,000 live births)			13.0
Peri-Natal Mortality Rate			37.3
Number of women dying from diseases and accidents of pregnancy and child-birth:			0
Maternal Mortality Rate per 1,000 total (live and still) births			0.0
Deaths from Measles			—
„ Whooping Cough			—
„ Gastritis, Enteritis and Diarrhoea			3
„ Tuberculosis (all forms)			8

Table V.S.1 gives a summary of the vital statistics for the past 50 years.

Table V.S.1.
Statistics for St. Helens

YEAR	Population	Birth Rate	Crude Death Rate	Infant Mortality Rate	DEATHS FROM							
					Smallpox	Measles	Scarlet Fever	Typhoid Fever	Typhus Fever	†Diarrhoea	Whooping Cough	Diphtheria
1917†	90,600	22.0	16.5	123	0	65	20	2	0	37	19	79
1918†	90,600	24.1	21.2	126	0	26	24	0	0	48	24	100
1919†	100,805	25.5	15.0	117	0	5	9	2	0	35	7	25
1920	104,822	31.8	13.5	113	0	56	7	0	0	44	7	13
1921	104,900	29.1	12.6	103	0	7	5	0	0	62	24	5
1922	106,400	26.4	13.4	115	0	60	4	2	0	28	3	5
1923	107,100	24.4	11.9	91	0	0	4	1	0	24	10	8
1924	108,700	24.1	12.0	103	0	29	1	2	0	36	11	4
1925	109,600	23.9	12.0	100	0	17	7	3	4	35	33	6
1926	110,000	23.2	12.0	102	0	27	1	0	0	43	4	6
1927	113,100	20.8	11.4	88	0	60	2	0	0	26	5	7
1928	110,500	21.8	12.0	98	0	15	5	1	0	29	21	10
1929	109,200	20.7	14.6	114	0	49	6	1	0	23	13	11
1930	109,200	21.5	11.4	80	0	7	2	0	0	4	8	4
1931	108,300	20.1	12.5	88	0	30	0	0	0	21	0	7
1932	107,600	20.1	11.4	89	0	1	1	0	0	26	4	0
1933	107,600	18.0	14.0	116	0	12	2	3	0	18	52	8
1934	*108,240	19.1	10.6	65	0	10	2	1	0	19	1	18
1935	108,100	18.7	12.2	94	0	14	2	1	0	21	15	17
1936	108,000	18.3	12.1	56	0	7	4	0	0	13	3	26
1937	107,400	18.6	12.1	88	0	3	2	0	0	12	7	15
1938	107,200	18.2	11.4	70	0	9	3	0	0	16	6	14
1939	106,600	17.3	11.6	79	0	1	3	0	0	18	4	23
1940†	103,300	18.0	13.4	78	0	10	0	0	0	8	5	19
1941†	102,750	18.6	11.4	71	0	2	1	1	0	13	15	13
1942†	101,500	17.7	10.6	65	0	6	0	1	0	13	1	11
1943†	99,410	19.8	13.0	72	0	0	1	0	0	16	4	6
1944†	98,410	20.5	11.3	57	0	4	0	0	0	21	2	1
1945†	99,150	20.3	11.3	60	0	0	0	0	0	17	0	0
1946†	104,740	22.2	11.0	60	0	2	0	0	0	26	3	2
1947†	105,790	25.2	12.7	70	0	10	0	0	0	44	1	0
1948†	110,100	21.3	10.2	61	0	0	0	0	0	14	1	1
1949	112,100	17.9	10.7	41	0	0	0	0	0	10	2	1
1950	112,500	17.9	10.1	39	0	0	0	0	0	21	2	0
1951	109,400	16.9	13.3	38	0	1	0	0	0	14	0	0
1952	109,100	17.8	10.4	38	0	0	0	0	0	11	0	0
1953	108,200	17.5	10.6	44	0	1	0	0	0	9	1	0
1954	*111,700	17.0	10.9	41	0	0	0	0	0	5	0	0
1955	111,900	16.0	11.0	33	0	0	0	0	0	3	0	0
1956	110,900	16.8	10.7	27	0	0	0	0	0	9	0	0
1957	110,900	17.2	10.7	31	0	0	0	0	0	8	0	0
1958	110,600	16.9	11.4	36	0	2	0	0	0	8	0	0
1959	110,700	17.1	10.8	24	0	1	0	0	0	4	0	0
1960	109,610	17.5	11.5	39	0	0	0	0	0	6	0	0
1961	108,480	17.6	12.7	28	0	0	0	0	0	6	0	0
1962	108,260	18.3	11.8	22	0	0	0	0	0	5	0	0
1963	107,480	17.7	12.4	27	0	0	0	0	0	6	0	0
1964	105,310	17.0	10.3	21	0	0	0	0	0	5	0	0
1965	104,440	17.6	12.2	19	0	0	0	0	0	6	0	0
1966	103,780	17.1	12.9	26	0	0	0	0	0	3	0	0

† Estimated civil population.

* Borough extended.

‡ Gastritis, Enteritis and Diarrhoea from 1950 inclusive.

POPULATION.—The Registrar General's estimate of population for mid-year 1966 was 103,780 compared with 104,440 for mid-year 1965. During the year the natural increase in population (i.e. excess of births over deaths) was 440.

BIRTHS.—The number of live births registered during 1966 as belonging to St. Helens was 1,774, giving a birth rate of 17.1 per 1,000 of the estimated population. The area comparability factor was 1.00, thus, for national comparison, the birth rate remains at 17.1. The birth rate for England and Wales during 1966 was 17.7.

Of the 1,774 births, 936 were males and 838 females, giving a sex ratio of 1,117 males to every 1,000 females.

DEATHS.—During 1966 there were 1,334 deaths from all causes (718 males and 616 females), giving a crude death rate of 12.9 per 1,000 of the population, as compared with 12.2 in 1965. The adjusted death rate for the year (for national comparison) after applying the area comparability factor of 1.21 was 15.6 per 1,000 of the population. The death rate for England and Wales as a whole for 1966 was 11.7 per 1,000 of the population.

Table V.S.4 shows that of these deaths, 234 were due to cancer and 615 to diseases of the heart and circulatory system. These two causes, therefore, accounted for 849 out of a total of 1,334 deaths, i.e. approximately 64%. There were 8 deaths from tuberculosis (all forms) during the year compared with 7 in the previous year.

The infantile mortality rate was 25.9 per 1,000 live births, compared with 19.0 in the previous year. The rate for England and Wales was 19.0 per 1,000 live births.

The maternal mortality rate for the year 1966 was 0.0 per 1,000 live and still births. Further reference to the infantile and maternal mortality death rates is made in the appropriate sections of this Report.

Causes of Death.—Figures relating to the causes of, and ages at, death are given in Table V.S.4.

Deaths from Tuberculosis.—Tuberculosis was the cause of 0.6% of all deaths that occurred during 1966. The corresponding percentage in 1965 was 0.5%. The ages at which these deaths occurred are shown in Table V.S.4. Further reference is made in the special section (VII) on Tuberculosis.

Malignant Diseases.—The deaths from these diseases during the past five years were as follows:—

Table V.S.2.

AGE GROUPS	1962	AGE GROUPS	1963	1964	1965	1966
0-1	—	0-1	—	—	—	—
1—	—	1—	2	1	—	—
5—	—	5—	—	1	—	1
15—	—	15—	1	1	1	1
25—	12	25—	3	2	4	2
		35—	15	3	9	11
45—	92	45—	25	20	26	31
		55—	68	49	68	60
65—	52	65—	75	61	85	81
75—	47	75—	56	43	55	47
Total	203		245	181	248	234
Percentage of Total deaths	16.7		18.4	16.7	19.4	17.5
Death rate per 1,000 of population	1.9		2.3	1.7	2.4	2.3

The following table V.S.3, gives particulars of deaths due to malignant causes during the last five years:

Table V.S.3.

Cause	1962		1963		1964		1965		1966	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Cancer—										
Stomach	26	15	23	25	15	19	29	18	27	17
Lung	43	3	63	5	49	6	54	7	54	6
Other	38	78	60	69	42	50	60	80	58	72
Totals	107	96	146	99	106	75	143	105	139	95
	203		245		181		248		234	

INFANTILE MORTALITY.—During 1966 there were 46 deaths of infants under one year of age (24 males, 22 females) corresponding to an infant mortality rate of 25.9 per 1,000 live births. As in former years investigations were carried out in every instance where death occurred in a child under one year of age. A summary of the findings following these investigations is given in the section of the Report dealing with Maternity and Child Welfare.

Table V.S.4.
Causes of, and ages at, death during 1966

No.	Causes of Death	Sex	Total All ages	Under 4 wks.	4 wks. & under 1 year	Age in Years									
						1—	5—	15—	25—	35—	45—	55—	65—	75+	
1	Tuberculosis Resp.	M	8	—	—	—	—	—	—	—	1	3	1	3	
		F	—	—	—	—	—	—	—	—	—	—	—	—	
2	Tuberculosis Other	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	—	—	—	—	—	—	—	—	—	—	—	—	
3	Syphilitic Disease	M	2	—	—	—	—	—	—	1	—	—	1	—	
		F	—	—	—	—	—	—	—	—	—	—	—	—	
4	Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	—	—	—	—	—	—	—	—	—	—	—	—	
5	Whooping Cough	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	—	—	—	—	—	—	—	—	—	—	—	—	
6	Meningococcal Infections	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	—	—	—	—	—	—	—	—	—	—	—	—	
7	Acute Poliomyelitis	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	—	—	—	—	—	—	—	—	—	—	—	—	
8	Measles	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	—	—	—	—	—	—	—	—	—	—	—	—	
9	Other Infective and Parasitic Diseases	M	1	—	—	1	—	—	—	—	—	—	—	—	
		F	1	—	—	—	—	—	—	—	—	—	—	1	
10	Malignant Neoplasm, Stomach	M	27	—	—	—	—	—	—	—	3	6	13	5	
		F	17	—	—	—	—	—	—	1	1	3	7	5	
11	Malignant Neoplasm, Lung, Bronchus	M	54	—	—	—	—	—	—	3	4	20	20	7	
		F	6	—	—	—	—	—	—	1	1	1	3	—	
12	Malignant Neoplasm, Breast	F	15	—	—	—	—	—	—	3	2	3	5	2	
13	Malignant, Neoplasm, Uterus	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	9	—	—	—	—	—	—	—	4	2	3	—	
14	Other Malignant and Lymphatic Neoplasms	M	58	—	—	—	—	—	—	2	9	12	20	15	
		F	48	—	—	—	1	1	2	1	7	13	10	13	
15	Leukaemia, Aleukaemia	M	3	—	—	—	—	—	1	—	1	—	1	—	
		F	1	—	—	—	—	—	—	—	—	—	1	—	
16	Diabetes	M	5	—	—	—	—	—	—	—	1	3	1	—	
		F	8	—	—	—	—	—	—	—	1	2	1	4	
17	Vascular Lesions of Nervous System	M	63	—	—	—	—	—	1	1	2	11	17	31	
		F	100	—	—	—	—	—	—	1	6	15	35	43	
18	Coronary Disease, Angina	M	170	—	—	—	—	—	—	12	29	48	39	42	
		F	95	—	—	—	—	—	—	2	3	20	41	29	
19	Hypertension with Heart Disease	M	6	—	—	—	—	—	—	—	1	1	1	3	
		F	10	—	—	—	—	—	—	—	—	2	2	6	
20	Other Heart Disease	M	45	—	—	—	—	—	—	—	1	7	7	27	
		F	67	—	—	—	—	1	1	—	4	7	14	40	
21	Other Circulatory Disease	M	29	—	—	—	—	—	—	—	1	2	3	23	
		F	30	—	—	—	—	—	—	—	2	4	5	19	
22	Influenza	M	8	—	—	—	—	—	—	2	1	4	1	—	
		F	12	—	—	—	—	—	1	—	1	3	1	6	
23	Pneumonia	M	55	2	1	—	—	—	—	2	5	7	10	28	
		F	52	—	6	—	—	—	1	—	—	3	6	36	
24	Bronchitis	M	72	—	—	—	—	—	—	—	1	18	33	20	
		F	29	—	—	1	—	—	—	1	—	4	8	15	
25	Other Diseases of Respiratory System	M	9	—	—	—	—	—	—	—	2	2	3	2	
		F	5	—	—	—	—	—	—	—	1	1	1	2	
26	Ulcer of Stomach and Duodenum	M	13	—	—	—	—	—	—	—	—	3	7	3	
		F	1	—	—	—	—	—	—	—	—	—	1	—	
27	Gastritis, Enteritis and Diarrhoea	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	3	—	—	—	—	—	—	1	—	—	—	2	
28	Nephritis and Nephrosis	M	6	—	—	—	—	1	1	1	—	—	2	1	
		F	4	—	—	—	—	—	—	1	—	2	1	—	

Table V.S.4.—continued.

No.	Causes of Death	Sex	Total All ages	Under 4 wks.	4 wks. & under 1 year	Age in Years									
						1—	5—	15—	25—	35—	45—	55—	65—	75+	
29	Hyperplasia of Prostate	M	6	—	—	—	—	—	—	—	—	—	5	1	
30	Pregnancy, Childbirth, Abortion	F	—	—	—	—	—	—	—	—	—	—	—	—	
31	Congenital Malformations	M	4	2	2	—	—	—	—	—	—	—	—	—	
		F	3	1	2	—	—	—	—	—	—	—	—	—	
32	Other Defined and Ill-defined Diseases	M	36	12	4	—	—	1	—	3	2	4	3	7	
		F	69	10	1	—	—	—	—	2	—	5	14	37	
33	Motor Vehicle Accidents	M	23	—	—	1	—	3	3	2	3	2	5	4	
		F	6	—	—	1	—	1	—	—	—	1	2	1	
34	All Other Accidents	M	11	—	1	—	3	—	—	—	—	1	3	3	
		F	16	1	1	1	2	—	2	—	—	1	1	7	
35	Suicide	M	4	—	—	—	—	—	—	1	1	2	—	—	
		F	8	—	—	—	—	—	—	2	2	1	2	1	
36	Homicide and Operations of War	M	—	—	—	—	—	—	—	—	—	—	—	—	
		F	1	—	—	—	1	—	—	—	—	—	—	—	
	TOTALS: All Causes.....	M	718	16	8	2	3	5	7	31	69	156	196	225	
		F	616	12	10	3	4	3	7	16	35	93	164	269	
	GRAND TOTALS		1334	28	18	5	7	8	14	47	104	249	360	494	

METEOROLOGY

Rainfall—The total rainfall for 1966 as measured at the Victoria Park Observatory was 36.66 inches compared with 32.3 inches in 1965. At Ecclestone Hill Waterworks 40.36 inches were recorded compared with 38.94 inches in the previous year. The highest day's rainfall of the year (0.98") occurred during the 24 hour period ending at 9.00 a.m. on the 1st April. The average daily rainfall for May, June, July and August was 0.12 inches, compared with 0.09 inches for the corresponding period in 1965. The wettest month was June with 5.07 inches, and the driest month was March with .08 inches. Snow fell on 6 days during the year.

Sunshine—During the year 1155.98 hours of sunshine were recorded, and the highest reading was 14 on the 29th May. The average daily sunshine during May, June, July and August was just over 5½ hours.

Temperature—Temperatures of 70°F. and over were recorded on 22 days during the summer. The highest temperature recorded was 76.3°F. on the 2nd May and the lowest was 21.1°F. on the 19th January.

Wind Pressure—On 224 days during the year a wind force of 20 m.p.h. and over was recorded. The strongest wind recorded was 72 m.p.h. on the 27th March.

The following Table M1 shows the maximum and minimum temperature recorded in each month and the distribution of sunshine and rainfall throughout the year.

Table M.1.

Month	Maximum temperature recorded in shade	Minimum temperature recorded in shade	Sunshine	No. of sunless days	Rainfall	No. of days on which rain fell
1966	°F	°F	Hours		inches	
January	56.6	21.2	17	20	1.62	7
February.....	63.9	30.6	41.65	11	3.18	15
March	55.6	31.0	93.15	3	0.8	19
April	59.8	31.9	73.8	12	3.14	20
May.....	76.3	39.4	211.95	0	3.26	19
June.....	74.0	48.8	154.45	0	5.07	20
July	75.3	46.5	176.7	2	2.79	18
August	73.4	45.0	150.68	2	3.44	19
September	72.0	43.8	105.9	4	2.395	11
October	63.6	34.0	77.0	7	3.74	24
November	56.1	33.0	33.2	7	2.72	19
December	53.9	29.5	20.5	15	4.51	23
					36.665	214

INFECTIOUS DISEASES

There were 123 notifications of Scarlet Fever during the year. This disease continues to be mild in nature and responds well to antibiotic treatment.

The notifications of Whooping Cough remained low, and this is undoubtedly due to the immunisation campaign carried out during the preceding years.

There were 19 notifications of Dysentery, most of which were associated with an outbreak of *Shigella Sonnei* in a Primary School.

Outbreak of *Shigella Sonnei* in a Primary School

On 19th May, 1966, a laboratory report was received for a child attending one of the Primary Schools in the town which was positive for *Shigella Sonnei*. Immediate investigation of the school revealed that 11 children in the same class had been away from school the previous week with varying degrees of diarrhoea and/or vomiting. Without waiting for bacteriological confirmation of these cases measures to control the outbreak were discussed with the Head Teacher and school caretaker.

The Headmaster agreed to exclude children with suspicious symptoms and not let them return to school until cleared by the Health Department.

In addition, strict hand washing measures were instituted for all children:

- (1) On starting school in the morning.
- (2) Prior to mid-morning break.
- (3) Prior to mid-day meal.

This regime was closely supervised by the school staff and any child who visited the toilet was scrutinized with regard to careful hand washing.

The caretaker was interviewed and agreed to swab all toilet seats, handle fittings and all door handles with a suitable disinfecting agent (White Fluid).

This was done three times a day:

- (1) Prior to morning school.
- (2) Before lunch break.
- (3) After lunch break.

The Health Visitor maintained close liaison with Head Teacher and staff and made daily visits to school to assess the efficacy of the above measures. By the first week of June the situation was very satisfactory, and there were then only 2 children excluded from school awaiting bacteriological clearance. The children continued to perform routine hand washing until the end of term 3 weeks later, but the swabbing of toilet fittings by the school caretaker was relaxed.

The rapid way in which this outbreak was brought under control was largely due to the excellent co-operation of the Head Teacher, his staff and the school caretaker, without which the outbreak could not have been contained so quickly.

Influenza Epidemic.

In the early part of the year a considerable number of children in the town were affected by the Influenza Epidemic. School children began to be taken ill in considerable numbers about 17th January. The general impression was that schools in the eastern end of the town were first affected. Estimates of the number of pupils absent at the time varied between 20% and 30%. During the next few days the schools in the centre and west of the town were affected and one Senior Boys' school in the centre of the town had a 20% absentee rate on 25th January.

The general clinical picture was one of a relatively mild illness compared with the Asian influenza epidemic of 1957. Symptoms consisted of headaches, pyrexia, aches and pains in back and limbs, but some cases developed abdominal symptoms with nausea and colic. Symptoms usually lasted 3 to 4 days.

Influenza types A and B were prevalent in the community and were held responsible and the diagnosis was confirmed in selected cases by laboratory investigations. By the end of January the situation in the schools remained much the same and the absentee rate varied between 10% and 30%.

About this time there were reports of increasing numbers of the adult population becoming affected and the sickness rate in some of the largest industrial concerns in the town was considerably above average for the time of the year.

This pattern was general throughout the North West region, and other large towns and the adjacent County area reported a similar incidence among school children.

In the first two weeks of February the epidemic continued to affect both children and adults but the sickness rate among school children remained higher than in the adult population. Towards the end of the second week, children began to return to school, the peak had been passed and very rapidly thereafter the attendance rate returned to normal.

The decline in incidence in the child population was also reflected among the adults and the high sickness rates in industry decreased at about the same time.

In spite of the fact that the infection was generally mild a legacy of the outbreak was shown in the fact that there were 7 deaths attributed to Influenza up to the end of February.

Table I.D.1.

Notification of Infectious Diseases received during the undermentioned years.

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Smallpox	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	208	170	141	118	215	103	45	179	249	123
Diphtheria	—	—	—	—	—	—	—	—	—	—
Measles	2331	289	2206	389	1371	500	1692	1140	888	699
Whooping Cough	284	27	77	213	34	16	149	33	42	81
Enteric Fever	5	—	—	—	—	—	—	—	—	—
Dysentery	35	377	17	12	21	39	58	2	17	19
Erysipelas	8	7	8	2	4	4	2	—	—	2
Pneumonia *	42	15	20	10	19	10	6	—	1	4
Typhus Fever	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	3	3	2	3	4	4	4	3	—	1
Ophthalmia Neonatorum	1	—	—	1	—	—	—	—	—	—
Acute Poliomyelitis	17	1	2	—	7	—	1	—	—	—
Acute Encephalitis	—	—	—	—	1	2	2	—	3	—
Meningococcal Infections	11	3	2	3	2	11	3	1	1	1
Malaria	—	—	—	—	1	—	—	—	—	—

* Acute Primary and Influenzal

Table I.D.2.

Infectious Diseases.—Total number of cases notified, number of cases admitted to isolation hospital, and the total deaths from each disease as shown in Registrar General’s classification of deaths.

Year 1966

DISEASE	Notifications received	Cases admitted to hospital	Total Deaths
Smallpox	—	—	—
Scarlet Fever	123	1	—
Diphtheria	—	—	—
Measles	699	15	—
Whooping Cough	81	7	—
Enteric Fever	—	—	—
Dysentery	19	1	—
Erysipelas	2	—	—
Pneumonia, Acute Primary and Influenzal	4	—	1
Typhus Fever	—	—	—
Puerperal Pyrexia	1	—	—
Ophthalmia Neonatorum	—	—	—
Acute Poliomyelitis	—	—	—
Acute Encephalitis	—	—	—
Meningococcal Infections	1	1	—
Malaria	—	—	—
Food Poisoning	—	—	—
Paratyphoid Fever	—	—	—

Table I.D.3.

Age distribution of cases of Infectious Diseases notified.
Year 1966

DISEASE	Notifications received	Under 1	1—	2—	3—	4—	5—	10—	15—	20—	35—	45—	65—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	123	1	4	8	12	28	63	4	1	1	—	1	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	699	56	89	121	99	115	215	2	1	1	—	—	—
Whooping Cough	81	16	8	9	14	12	20	2	—	—	—	—	—
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	19	1	1	—	—	2	10	3	—	1	1	—	—
Erysipelas	2	—	—	—	—	—	—	—	—	—	1	—	1
Pneumonia*	4	—	—	—	—	—	—	—	—	—	1	1	2
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	1	—	—	—	—	—	—	—	—	1	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis.....	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	1	—	—	—	—	1	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—

*Acute Primary and Influenzal

Disinfection and Disinfestation.—By arrangement with the Liverpool Hospital Board the use of facilities for disinfection of personal articles of patients is retained at the St. Helens Peasley Cross Hospital. Facilities are also retained at this Hospital in the Cleansing Block for the treatment of scabies and the cleansing of verminous persons. During 1966, 28 cases of scabies were treated, and 11 infested persons were cleansed under these arrangements. In 1965 there were 21 cases of scabies and 24 infested persons.

Laboratory Work.—The following Table, I.D.4., shows the number of specimens received by the Health Department for distribution to various laboratories during the year.

Table I.D.4.

Specimens	Number Received	Results	
		Positive	Negative
Swabs for Diphtheria	4	—	4
Blood for Rh Factor	202	133	69
Gastro-Enteritis, Dysentery, and Food Poisoning	239	27	212
Typhoid and Paratyphoid	—	—	—
Total	445	160	285

IV.—IMMUNISATION AND VACCINATION

Diphtheria Immunisation.—In 1966 the Local Authority's Scheme for Diphtheria Immunisation of the child population was continued as previously. Table I.V.1, below, indicates the number of children in different age groups who received primary immunisation and reinforcing injections in 1966.

Table I.V.1.
Number of children immunised against Diphtheria during 1966.

Born:	1966	1965	1964	1963	1959-1962	Under age 16	Total
Primary Immunisations							
Local Authority Medical Officers	471	408	34	26	292	86	1317
Private Practitioners	136	158	18	7	6	—	325
Total	607	566	52	33	298	86	1642
Reinforcing Injections							
Local Authority Medical Officers	—	13	315	93	1015	1135	2571
Private Practitioners	—	10	60	23	44	11	148
	—	23	375	116	1059	1146	2719

The following shows the record of primary immunisations carried out since 1961.

1961	1962	1963	1964	1965	1966
2372	1653	1504	1527	1766	1642

There was a slight decrease in the number of children receiving primary immunisations during 1966 compared with the previous year. The figure of 1,642 represents all children up to 15 years of age. Of the children born in 1965/66, a total of only 1,173 children born in these two years were immunised during the year. As a threshold of immunity this is still much too low, when it is considered that there are over 1,800 births per year in the County Borough. The same remarks apply equally to immunisation against whooping cough, which is so important in the first five years of life.

There was a slightly better response to reinforcing injections during the year, 2,719 being given compared with 2,616 the previous year.

VACCINATION AGAINST WHOOPING COUGH

The following Table, I.V.2., shows the number of children immunised against Whooping Cough under this scheme during the year.

Table I.V.2.
Number of children immunised against Whooping Cough during 1966.

Born:	1966	1965	1964	1963	1959 to 1962	Under age 16	Total
Primary Immunisations							
Combined with other antigens							
Local Authority Medical Officers	469	403	31	25	28	—	956
Private Practitioners	136	158	17	7	6	—	324
Totals	605	561	48	32	34	—	1280
Reinforcing Injections							
Combined with other antigens							
Local Authority Medical Officers	—	13	315	93	31	—	452
Private Practitioners	—	10	60	23	42	11	146
Total	—	23	375	116	73	11	598

Vaccination against Smallpox.—The following Table, I.V.3., is a record of the vaccinations carried out during 1966.

Table I.V.3.
Number of Vaccinations against Smallpox during 1966.

At Ages:	0—3 m'ths	3—6 m'ths	6—9 m'ths	9—12 m'ths	1 year	2—4 years	5—14 years	15 & over	Total
Vaccinations									
Local Authority Medical Officers	2	10	45	142	243	64	86	105	697
General Practitioners	4	8	10	25	93	24	16	16	196
	6	18	55	167	336	88	102	121	893
Re-Vaccinations									
Local Authority Medical Officers	—	—	—	—	—	6	119	543	668
General Practitioners	—	—	—	—	2	1	25	31	59
	—	—	—	—	2	7	144	574	727

There was a considerable increase in the total number of primary vaccinations and re-vaccinations performed compared with the previous year. There were 224 more primary vaccinations given during the year compared with 1965 and there was an increase of 508 re-vaccinations compared with the previous year. Both increases were undoubtedly due to the outbreak of variola minor in the Midlands during the summer months, as persons travelling

abroad for holidays had to be in possession of an International Certificate of Vaccination against smallpox prior to departure.

Incidents such as this again highlight the public apathy in availing themselves of routine preventive inoculations, and only in the face of an outbreak are they motivated sufficiently to seek such protection.

In accordance with the Ministry of Health recommendation, a considerable proportion of the primary vaccinations were carried out during the first two years of life, but this alteration in policy as against the previous custom of vaccination under the age of one year has not had the effect of altering appreciably the total number of infant vaccinations.

POLIOMYELITIS

During the year, 2,520 persons completed a full primary course of three oral doses of poliomyelitis vaccine. In addition, 2,357 persons were given reinforcing doses. Sabin oral vaccine was used throughout.

With regard to the 1-2 year age groups, the position continued to improve, 1,491 children in this group received three oral doses of vaccine during the year as against 1,107 in 1965.

As with diphtheria immunisation, this figure is still too low, and it is again emphasised that the only way of preventing serious outbreaks of these diseases is for parents to have all children immunised and vaccinated.

During the year an analysis was carried out on children born in 1965 who had not received a primary course of immunisation by mid-1966.

Based on the findings of this survey, action was taken to encourage parents of children in this group to have their children immunised.

As a result of this, 179 of these children received a primary course of poliomyelitis vaccine and 68 a primary course of triple antigen.

In spite of strenuous attempts by medical and nursing staff to persuade these parents to accept protection for their children, a hard core of some 200 remained who were indifferent to this.

A similar analysis will be carried out next year for children born in 1966 and an attempt will be made to try and solve the problem of indifferent parents who fail to have their children protected against what are still serious but preventable infectious diseases.

Present day methods of immunisation are virtually painless and the number of visits to clinics to obtain this protection is now reduced to three in the child's first year of life. A mere three visits to an Infant Clinic gives primary protection against diphtheria, whooping cough, tetanus and poliomyelitis.

TABLE I.V.4.
POLIOMYELITIS VACCINATION 1966

3 Oral Doses

Year of Birth	.....	.....	.....	.....	.....	1966	1965	1964	1963	1959-62	Under 16 years	Others	Total
Local Authority	.....	.....	.....	.....	.....	492	723	116	92	450	240	77	2190
General Practitioners	.....	.....	.....	.....	.....	91	185	20	7	14	6	7	330
						583	908	136	99	464	246	84	2520

Reinforcing Doses

Year of Birth	1966	1965	1964	1963	1959-62	Under 16 years	Others	Total
Local Authority	—	9	129	35	979	1088	3	2243
General Practitioners	—	3	35	21	43	12	—	114
						—	12	164	56	1022	1100	3	2357

Vehicles in Commission at 31st December, 1966.

<i>Make</i>	<i>Reg. No.</i>	<i>Year</i>	
Austin Sheerline	BDJ 828	1951	} 2/4 Stretcher Ambulances
Austin Sheerline	CDJ 233	1952	
Austin Sheerline	CDJ 234	1952	
Austin Sheerline	DDJ 274	1953	
Austin Sheerline	EDJ 411	1955	
Austin Princess	GDJ 111	1956	
Austin 152	NDJ 999	1960	} Dual Purpose Ambulances
	RDJ 766	1961	
	UDJ 28	1962	
	WDJ 704	1964	
	GDJ 290C	1965	

2 vehicles on loan from the Ministry are maintained and operated by the Ambulance Service on behalf of the Ambulance and First Aid Section of the Civil Defence Corps.

Patients and Mileage.

The total number of calls (37,581) dealt with by the Ambulance Service, as noted in Table A.S.1, shows a decrease from the total during the previous year, which stood at 42,891. This was, in fact, a considerable economy which was the result of a survey carried out in conjunction with the Hospital Authorities whereby the number of out-patient removals was considerably reduced. This figure had been, in fact, growing over the years and there had been, in the opinion of the Health Authority, a considerable wastage in journeys due to lack of concerted planning. It is to be hoped that this difficulty has now been permanently overcome.

The following are the details of calls and mileage covered in 1965 and 1966:

	<i>1965</i>	<i>1966</i>
General Service Calls	39,523	34,101
Emergency Service Calls	3,368	3,480
Total Mileage	126,950	122,895



VI.—MENTAL HEALTH SERVICE

The Mental Health Act, 1959, places upon the Local Health Authority the responsibility for the provision of a comprehensive community care scheme for those persons suffering from mental disorder and the provision of care and after-care schemes to cater for those persons discharged from hospital. The Act defines four categories of mental illness:

- (1) Mental Disorder.
- (2) Severe Subnormality.
- (3) Subnormality.
- (4) Psychopathic Disorder.

Mental Health Staff.—The Medical Officer of Health is responsible for the organization and control of the local services, with the day-to-day administration of the Mental Health Department being supervised by an Assistant Medical Officer of Health. Use is also made of the Consultant Psychiatrist at present on the staff of the Local Education Authority and, where necessary, of specialist Medical Officers of the Regional Hospital Board.

The Local Authority staff training scheme for Mental Welfare Officers continued during the year.

Two members (1 male, 1 female) of the staff commenced the two year Course in September for the National Certificate in Social Work. One female was appointed as Trainee Mental Welfare Officer for a period of in-service training, to be followed by the full-time training course.

The general staff situation during the year was not satisfactory, and the need for staff became so urgent that it was necessary to create two posts of Mental Welfare Assistants to assist the Mental Welfare Officers in their district work. The persons holding these appointments will be encouraged to complete their educational qualifications with a view to their later acceptance as Trainee Mental Welfare Officers.

Co-ordination with Regional Hospital Boards. There are frequent consultations with the Board's Consultant Psychiatrists, and growing use is made of the domiciliary visiting service whereby the Psychiatrists are called in and are able to visit patients in their own homes. In addition, one or other of the Mental Welfare Officers make frequent visits to the local hospital psychiatric out-patient sessions.

The provision of residential hostels for the rehabilitation of the mentally ill and for the care of mentally sub-normal children is now imminent. It was felt essential that the Regional Hospital Board Service should be represented on the Local Authority Committee, and for this purpose the Medical Superintendent of Rainhill Mental Hospital was invited to serve as a member of the Mental Health Service Sub-Committee.

During the year, by agreement with the Liverpool Regional Hospital Board, the services of Dr. J. M. A. C. Stewart were made available to the Local Health Authority as Consultant Psychiatric Adviser. The time allocated is based on the equivalent of one session per week, and this appointment will prove exceedingly useful as a co-ordinating link between the Local Authority Mental Health Services, particularly the Hostels, and the Regional Hospital Board Services, both in-patient and out-patient.

The Local Health Authority is also undertaking, on request, the supervision of patients on trial or on licence from Psychiatric Hospitals.

Duties Delegated to Voluntary Associations. No duties of the Local Health Authority have been delegated to voluntary organisations. The St. Helens Mental Welfare Society, however, assists in welfare activities among mentally subnormal persons, in connection with the provision of clothing and footwear, day outings, holidays, Christmas parties, etc. The Local Health Authority continued its grant to the funds of the Society for this work. The Women's Voluntary Services also assist in the provision of clothing and footwear.

ST. HELENS MENTAL WELFARE SOCIETY
PETER STREET SOCIAL CLUB
PARENTS COMMITTEE—ANNUAL REPORT

I am indebted to Mr. A. Phythian, the Chairman of the Parents Committee, for the following report on the activities of the Mental Welfare Society on behalf of the pupils attending both Training Centres:

Activities have perhaps been dominated by two important developments which directly affected our young Club Members early in the year. In the first instance they were—shall we say—promoted from being students of Sinclair Street Training Centre to becoming apprentices at Sinclair Street Youth Training Centre. So quickly did they adapt themselves to the volume of work so well organised for them to do under supervision, that there was too little room left for Thursday Club Night activities. This situation was then adjusted, and we are now happily settled in at the Peter Street Club. Our young workers are now enjoying a change of scenery at Peter Street every Thursday Club Night. Perhaps we might say that although they are perhaps a little more tired than in student days they enjoy the Social Club activities enormously.

The Winter Season was re-opened at Sinclair Street on 5th January, and opening night at Peter Street was 9th June. Highlights of the period under review were:—

January 5th	—	St. Helens Parish Church Army Band
March 31st	—	Easter Bonnet Parade
April 28th	—	Miss McKenna's Retirement Party
May 26th	—	Evening Trip to Rivington Pike
June 9th	—	Opening Night at Peter Street
July 28th	—	Evening Trip to Rivington Pike
August 11th	—	Evening Trip to Southport
October 27th	—	Fancy Dress Parade
November 10th	—	3rd Anniversary Parade
December 15th	—	Christmas Party

Membership increased slowly, and average attendance has gone up to 47, varying with weather conditions. Just as Club Members are faithful in attendance, so are Club Committee Members, and we have several more most helpful friends whose help and support we would greatly miss.

We are again indebted to established friends, and it was providential that accommodation at Peter Street was offered to us, just when we were getting really concerned. Thanks indeed to Miss Margaret Pilkington and her Peter Street Club Committee for the use of such a lovely room and for making us 'at home' there. In moving to Peter Street we have received most kindly and considerate co-operation from caretakers Mr. and Mrs. Rigby. We are very happy to have met them and we welcome their friendship week by week. The Mental Welfare Society backing and financial support, and Mr. Pardoe's active interest are encouraging.

At the moment we are, with the persistent help of other very good friends, in process of installing microphone and loud-speaker equipment at the Club with proprietors approval. This will help our plans for the future and give us greater scope.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY UNDER SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946

Prevention. In dealing with the problem of prevention of mental illness the activities of the Mental Welfare Officers were focussed mainly on domiciliary visiting and arranging contacts with suitable organisations for those in need of advice or early treatment.

Close co-operation has been maintained by the Mental Health Service with practitioners and Consultant Psychiatrists of the local psychiatric hospital. During the year 136 attendances were made by the Mental Welfare Officers of the Local Authority at the local Hospital Psychiatric Out-Patient Clinic.

In addition, a valuable link is provided by frequent case consultations between the Health Visitors of the various districts in the town, the officers of the many statutory bodies and the Mental Welfare Officers.

The growing importance of community care in the work of preventive mental health is shown by the following breakdown list of cases dealt with during the year. Inevitably some of these cases finished up by undergoing hospital treatment, but increasing emphasis on this type of work leads to much desired early diagnosis and early treatment. In many other cases assistance was given in the adjustment of social problems and the bulk of these cases were referred from Consultant Psychiatrists, General Practitioners, and even on requests from patients themselves. In dealing with the following cases, the Mental Welfare Officers paid a total of 540 visits.

Care. In this sphere of activity it was found that the majority of the problems dealt with arise in family life as a result of the admission of a member of the family to hospital. Advice and assistance were sought from the Mental Health Department on many occasions by relatives and not infrequently by request of the patients themselves. In other instances, at the request of Consultant Hospital Psychiatrists in the area, home visits were paid to relatives of in-patients and social histories completed or clinic appointments arranged.

During the year 576 visits were made in connection with these cases.

After-Care. The following summary gives the Local Health Authority's after-care record during 1966:—

Number on list at 1/1/1966	70
Discharged persons requesting after-care	67
	<hr/>
	137
Deleted from list during 1966	21
	<hr/>
Number on list at 31/12/1966	116
	<hr/>

After-care continues to provide a constant sphere of activity and great use is made of psychiatric surveillance at the local hospital out-patient clinics. The Mental Health Service continues to be an integral part of the whole process for rehabilitation of discharged patients and close liaison is maintained with the disablement resettlement service of the Ministry of Labour, Welfare Officers of local firms, voluntary organisations, etc.

During the year, 1,063 home visits were made by the Mental Welfare Officers.

In closing, it should be pointed out that the number of people seeking the aid of the prevention, care and after-care services is increasing yearly. This burden is eased by the fact that a happy relationship exists between the local medical practitioners, the local psychiatric hospitals, the consultant psychiatrists and the mental welfare officers. During the year under review, a total of 1,237 interviews were conducted in this connection.

THE MENTAL HEALTH ACT, 1959.

The following two tables show the work undertaken by the Mental Welfare Officers under the above Act from 1st January, 1966, to 31st December, 1966. Table A gives the sources of referral and classification of new patients, whilst Table B shows the disposal of cases which were referred with a view to Application for Admission being made.

Number of patients referred to Local Health Authority during year ended 31st December, 1966.

Table A

Referred by	Mentally Ill				Psychopath				Sub-normal				Severely Sub-normal				Totals				Grand Total	
	Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
	—	—	43	56	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		—
	—	—	85	113	1	—	3	2	—	—	—	—	—	—	—	—	—	—	—	—		—
(a) General Practitioners	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	99	
(b) Hospitals, on discharge from in-patient treatment	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	205	
(c) Hospitals, after or during out-patient or day treatment	—	—	25	38	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	63	
(d) Local Education Authorities	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	
(e) Police and Courts	—	—	23	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	42	
(f) Other sources	—	—	57	45	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	103	
																					516	

Total number of patients referred during year

Table B

	Male	Female	Total
1. Admitted to Psychiatric Hospitals—			
(a) On Emergency Applications under Section 29.....	40	44	84
(b) On Applications for Admission for Observa- tion under Section 25	15	18	33
(c) On Applications for Admission for Treatment under Section 26	9	6	15
2. Notified as an alleged person suffering from mental disorder and dealt with as follows:—			
(a) Informal Admissions (Section 5)	76	86	162
(b) No Application Made	13	7	20

In addition, a number of cases (not St. Helens residents) were dealt with by virtue of the fact that they were overtaken by mental illness while in the County Borough of St. Helens. 21 of these cases were dealt with during the year (14 males and 7 females).

HOSPITAL RETURN FOR 1966.

The following summary gives the disposal of known St. Helens patients in Psychiatric Hospitals during the year:—

No. of Health Service Patients in Psychiatric Hospitals on 1/1/1966	<i>Male</i>	<i>Female</i>	<i>Total</i>
Admissions during the year	165	241	406
	140	154	294
	305	395	700

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Deaths during the year	6	1	7
Discharges during the year	95	120	215
	101	121	222

No. of Health Service Patients in Psychiatric Hospitals on 31/12/1966	204	274	478
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The known number of patients in hospitals at the end of the year is at the rate of 4.6 per 1,000 of the population.

MENTAL SUBNORMALITY

Ascertainment. The total number of cases reported and referred as Mentally Sub-normal from the 1st January, 1966 to 31st December, 1966 was 5.

Particulars of these cases are shown in the following Tables.

Table M.H.1.

Cases Reported and Referred and their Disposal

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
Cases ascertained during 1966 as suffering from subnormality or severe subnormality. Action taken on reports from:—					
(1) Local Education Authorities on children whilst at school or liable to attend school	2	2	—	—	4
(2) Other sources.....	—	—	1	—	1
TOTAL	2	2	1	—	5
DISPOSAL OF ABOVE					
(1) Placed under Supervision—					
(a) Day Training Centre	—	2	—	—	2
(b) Domiciliary	—	—	—	—	—
(2) Admitted to Hospitals	2	1	—	—	3
	2	3	—	—	5

Hospital Waiting List. As at 31st December it will be noted from the following Table M.H.2 that 6 cases (4 males and 2 females) still awaited vacancies in hospitals.

Table M.H.2.

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
1. In urgent need of hospital care					
(i) Cot and chair cases	—	—	—	—	—
(ii) Ambulant low grade cases.....	—	—	1	1	2
(iii) Medium grade cases	—	—	—	—	—
(iv) High grade cases	—	—	—	—	—
2. Not in urgent need of hospital care					
(i) Ambulant low grade cases.....	1	1	1	—	3
(ii) High grade cases	—	—	1	—	1
	1	1	3	1	6

None of the above cases is considered to be in need of hospital care solely because of poor environment.

Cases in Hospitals for Mentally Subnormal Persons. The number of known cases from the County Borough of St. Helens who were in Hospitals for Mentally Subnormal Persons and in Special Hospital Care at 31st December, 1966, is given in the following table:

Table M.H.3.

Hospital	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
Ashton House	—	—	—	2	2
Birkenhead	—	—	1	1	2
Brockhall	1	—	21	13	35
Calderstones	—	—	14	10	24
Chorley (Eaves Lane)	—	—	—	1	1
Cranage Hall	—	—	2	1	3
Greaves Hall	1	4	12	8	25
Lisieux Hall	—	—	2	—	2
Mary Dendy Home	—	—	2	1	3
Newchurch	2	—	2	5	9
Offerton House	—	—	1	—	1
Olive Mount	—	—	1	—	1
Rathbone House	1	—	—	—	1
Royal Albert	—	—	5	1	6
St. Joseph's	—	—	—	1	1
Swinton	—	—	—	1	1
The Manor	—	—	—	2	2
Thingwall Hall	1	—	6	—	7
Whitecross Homes	1	—	1	—	2
	7	4	70	47	128

Total number of Reported and Referred Cases at 31st December, 1966.

The total number of reported and referred cases for whom the Local Health Authority of the County Borough was responsible at the 31st December was as follows:—

Table M.H.4.

	Under 16 years		16 years and over		Total
	M.	F.	M.	F.	
Under Supervision	24	17	64	66	171
Under Guardianship	—	—	2	1	3
	24	17	66	67	174

SUPERVISION

This work is carried out by the Mental Welfare Officers.

These cases are visited regularly and reports of the visits submitted to the Medical Officer of Health. In this way, besides maintaining contact with the patient, it is possible for the Mental Welfare Officers to become aware of changes in family and other circumstances. The visits occasionally bring to light domestic problems, and in some cases convalescent holidays have been arranged, hospital or general practitioner treatment obtained, and the help of various organisations sought for the patients and relatives. In this connection, much work has been done in co-operation with probation services, the N.S.P.C.C. and other bodies. Any special recommendations which have been made are noted and placed before the Health Committee.

The number of visits made to these cases during the year was 463.

Guardianship.—Three cases were under guardianship throughout the year.

These cases are visited regularly and, as with Supervision cases, any special recommendations are noted and placed before the Health Committee. During the year 4 visits were made by the Mental Welfare Officers.

Classification of Cases under Guardianship and Supervision.—In Section A of the following Table, cases under Supervision and Guardianship have been classified as to their suitability for various types of training, whilst those actually receiving such training at the 31st December, 1966, are shown in Section B.

Table M.H.5.

								Under 16 years		16 years and over		Total
								M.	F.	M.	F.	
Section A												
Considered suitable for:												
(i) Training Centre								26	17	—	—	43
(ii) Industrial Centre								—	—	23	24	47
(iii) Home Training								1	—	2	3	6
								27	17	25	27	96
Section B												
Number of cases receiving training on 31/12/1966:												
(i) Training Centre								26	17	—	—	43
(ii) In Industrial Centre								—	—	23	24	47
(iii) At home								—	—	—	—	—
								26	17	23	24	90

Short-Term Care.—Short-term care was arranged for a number of persons suffering from subnormality or severe subnormality while their families took their annual holiday or some member of the family was in hospital, etc.

	<i>Under 16 years</i>		<i>16 years and over</i>		<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Admitted to National Health Service Hospitals	2	4	4	3	13
Admitted to Private Nursing Homes	3	—	—	—	3
	5	4	4	3	16

During the year 174 interviews took place in the Mental Health Department in dealing with parents and relatives of mentally subnormal persons seeking advice and assistance.

Ashtons Green Junior Training Centre.

The average number of pupils attending the Centre during the year was approximately 33, and it is evident by the local interest shown in the facilities and training there, that this number will continue to increase over the coming years. The staff during the year consisted of one Supervisor, one Deputy-Supervisor, four Assistant Supervisors and two Guide Helps.

Under the Department's training scheme one student was placed during the year in the Manchester Training School following her period of in-service training. Two other students were in their second year at the Training School and one further student was recruited during the year.

During the year pupils were aided in their recreational facilities by the St. Helens Mental Welfare Society, who organised summer outings for the pupils and a Christmas party for pupils and parents held in the Centre.

Meals are supplied to the pupils by arrangements with the School Meals Service of the local Education Authority and transport to and from the Centre is arranged through the St. Helens Corporation Transport Department.

By arrangement with the Baths Committee, a special weekly session is set aside at the Public Baths for the children attending the Centre, and transport is provided by the Committee from the Training Centre to the Baths.

The Centre is also completely equipped for training in gymnastics and physical education.

Adult Training Centre, Sinclair Street.

During 1965 it had been reported to the Health Committee that the accommodation at the Adult Training Centre in Sinclair Street was very inadequate, particularly as regards staff amenities. Despite the restricted life of the property, which will have to be demolished in a few years to give way to road improvement, it was felt that there was no alternative but to build some extra temporary extensions, and an annexe consisting of a work room with attached accommodation for staff was planned. The work was completed early in 1966. On the staff side the additions gave a very much needed improvement in rest and toilet facilities, and the addition of the extra work room meant that there was now an opportunity to commence on industrial contracts.

By the middle of the year, contracts had been obtained from local firms for making up cardboard boxes for the packing of glass containers. As a result of financial arrangements with the firm, a system of payment was guaranteed to the trainees at the Centre. In the beginning this consisted of a basic payment of 1/- per day, plus proficiency pay according to grading and

ability and production, assessed by the Centre Supervisors. This pioneer scheme has proved a great success, and by the end of the year contracts were being considered for the assembly of vacuum flasks so that the employees at the Centre were fully occupied. The Centre also became registered under the Factories Act.

The upgrading of the Centre to an Industrial Centre meant, of course, the storage of a great deal of equipment and material. This interfered with its use in the evenings as a social meeting place by the Parents' and Pupils' Association. Steps, however, were taken to find new premises at the Peter Street Girls' Club, to where the Social Club was transferred with great success, the cost of hiring the premises, heating and lighting, being borne by the Local Health Authority.

Until the introduction of industrial work in the Centre there had been little distinction between the work performed by the children now transferred to the Junior Training Centre and the work done by the adults. Facilities for transport had also remained the same whereby the pupils were transported to the Centre daily by a special 'bus. It was felt that the system should be reorganised, that a sense of independence should be encouraged, and that travel by public transport should be arranged for those who were able to undertake the journey. Great success attended this effort, and by the end of the year 21 of the trainees at the Centre were travelling by public transport using special passes issued by agreement with the Transport Department. 14 of the remaining trainees were provided with special 'bus transport to ensure their daily attendance at the Centre.

The expansion to industrial contract work now means that every available unit of space in the Training Centre is being utilised. There is no doubt that the provision of a new Centre to give much more room to the Trainees and to accommodate future transfers of 16 year olds from the Junior Training Centre, has become an urgent requirement. In fact, during the year, an approach was made to the Council, who suggested the allocation of an appropriate site in the projected Community Centre in the Blackbrook area. This is situated on a main 'bus route and is not unreasonably far from the centre of the town, and should prove easily accessible to the Trainees.

I give below a detailed report submitted by Mr. R. Pardoe, the Supervisor of the Training Centre, which will serve in many ways to underline the comments made above on the need for the provision of a new Centre.

The period under review represents our first year of adult status with longer hours, shorter holidays, and separate transport arrangements. The year was a period of transition and evolution and was by its very nature a difficult time. However, on reflection, the achievements are sufficient compensation.

Hours are from 9.15 a.m. to 4.15 p.m., with ninety minutes for lunch and two fifteen minute tea breaks. All the trainees stay for lunch for which a charge of 1/- is made and a further 2d. per day is charged for tea.

The opening of the new extension at the beginning of the year temporarily relieved the pressure on accommodation, and the Staff Room proved most beneficial to the Staff in moments of off-duty.

At the beginning of May the transition from Basic Training to Work Training commenced, and on May 10th, the first batch of industrial out-work was taken in. During the year work has been undertaken from five firms and

the volume of work increased and the flow maintained. I find it disappointing that only one local firm was prepared to give us work.

Initially all trainees were paid a basic wage of one shilling per day. Earnings and wages are reviewed every eight weeks, and adjustments made on the basis of proficiency and behaviour. At the end of the year six trainees only remained on the basic wage. Seven receive 7/6d. per week, thirty receive 10/d., three receive 12/6d., four receive 15/-d. and one man receives 20/-d. This makes a total payment of £25 per week, and there is every prospect of a further wage increase in the new year. All trainees continue to receive 1/-d. per day during holiday periods.

All but four of the lower grade trainees are employed on industrial work, and all have benefited from this purposeful employment. There is evidence of improved skills, greater self confidence, and a general improvement in mental and physical fitness. The four trainees who cannot participate in the work programme present a special problem. They have to be regarded and treated as a special care group with one member of the Staff continually employed in their care, which is difficult and exacting. This group have their activities in the dining-room, where there is frequent interruption. All four are men and all receive their basic pay.

During the year a loading bay was built to facilitate the handling of materials and finished work. A dividing wall was removed to make a bigger dining-room and new chairs and tables purchased. This is a great improvement but even this increased accommodation will not be adequate for future needs. The Centre is now registered under the Factory and Workshops Act, and a fire alarm system has been installed to meet the inspector's requirements.

Trainees continue to benefit from the social activities of the Peter Street Youth Club, and during the year two outings have been arranged from the Training Centre. One to Prestatyn in the summer, and a buffet lunch and theatre outing to Liverpool at Christmas.

During the year Mrs. Bromilow has left the Staff, and Mr. E. Dicks has joined us. At the end of the year the Staff consisted of a Supervisor, Deputy-Supervisor, two Craft Instructors, one Assistant Supervisor and two general helps. It is only with the willing co-operation of the staff that we have been able to make such progress, and we owe much to the close liaison between the Mental Welfare Officer and the Centre.

Some difficulty results from having to provide our own transport for work to and from British Vacuum Flasks Limited, of Huyton. The 5 cwt. van belonging to the Ambulance Department is used, but increasingly of late we have had to provide a driver and consequently my staff is depleted. This van is used by us almost every day, due to the bulky nature of the work. The Parks Department have been approached for the hire of a large van in the hope that one delivery per week will be sufficient, and thus overcome our difficulty.

The future outlook causes a good deal of anxiety. We need more room to work, more storage space, a bigger dining-room and room for our special care group. It is likely that in the period 1967 to 1971 fourteen youngsters will be transferred to us from Ashtons Green, and there is already a waiting list of people wanting admittance to Stanley House. I do appreciate the tremendous difficulties involved in the provision of more places, at the building of the New Centre, but this has now become a very pressing and urgent problem for all concerned.

At the end of 1966 the following pupils were in attendance at the Training Centres:—

ASHTONS GREEN JUNIOR TRAINING CENTRE

	Male	Female	Total
Number of pupils on Register, 1st January, 1966	27	15	42
New Admissions	4	4	8
Number ceased to attend	5	2	7
Number on Register at 31st December, 1966	26	17	43
Average Daily Attendance	20	13	33

ADULT TRAINING CENTRE, SINCLAIR STREET

	Male	Female	Total
Number of pupils on Register at 1st January, 1966	22	21	43
New Admissions	5	5	10
Number ceased to attend	4	2	6
Number on Register at 31st December, 1966	23	24	47
Average Daily Attendance	18	16	34

Mental Health—Hostels.

During the year there was continued progress in the building of the Abbey Road Rehabilitation Hostel for the mentally ill (20 places) and the Ashtons Green Hostel for mentally subnormal children (12 places). By the end of the year, the internal work of both buildings was nearing completion and contracts were taken out for the internal furnishings and decorating of both hostels. A Superintendent and Matron had been appointed to both hostels, which were planned to open early in 1967.

Several meetings of the Mental Health Sub-Committee were held in particular relation to the Abbey Road Hostel, and recommendations were drawn up regarding the grading of cases for transfer from Mental Hospitals and also governing the charges for maintenance during residence in the Hostel. These recommendations regarding admission of patients are shown below and decisions on this question were made in the fullest agreement with the Medical Superintendent of Rainhill Hospital, who was a constituent member of the Mental Health Sub-Committee.

ABBEY ROAD HOSTEL (20 Places)

1. Statement of General Requirement

The place of the Abbey Road 20-Place Hostel in the Mental Health Services of the town is primarily to make provision for discharged mentally disordered patients who have completed their treatment in hospital but who may require some support on re-entering community life. This Hostel should,

in the first place, be solely regarded as a short-term care unit for periods of up to six months, and should generally accommodate former hospital patients who may now be in employment, or if not employed, are able to benefit by Hostel facilities supported by National Assistance.

In the light of development, consideration might be given to accommodating mentally disordered persons of working age receiving treatment as out-patients or day patients but who need to live during treatment or training in the supporting atmosphere of a Hostel rather than in their own homes or in lodgings.

In the same way, patients capable or potentially capable of work on leaving hospital but who need a "Half-way House" before returning to live at home, might be accommodated in the Hostel.

The positive main criteria for Hostel admission should be:

- (i) Socially acceptable behaviour.
- (ii) Persons employed or potentially employable.

2. Categories of cases regarded unsuitable for Admission.

- (a) It must be understood from the beginning that the Local Authority Hostel for mentally disordered persons will not provide accommodation for cases of senile dementia, either as discharges from Mental Hospitals, as direct admissions from the community, or as transfers from Welfare Hostels.

Epileptics, whose fits are not properly controlled, known Alcoholics and Psychopaths, whose behaviour is likely to be disruptive, are categories of cases which should not be admitted to the Hostel.

- (b) The Hostel will not serve as an admitting Hostel for cases seen in domiciliary consultation. The cases thus seen either require treatment in a Mental Hospital or not. The Local Authority Hostel is not intended to provide any type of observation or treatment for mental disorder: this is the duty of the Regional Hospital Board.
- (c) In the returns from the Regional Hospital Board, cases aged over 65 years are shown as being suitable for admission to the Hostel. If the Hostel, however, is to function as a short-term rehabilitation unit, it would not be suitable for patients of this age who would be likely to become long-term residents.
- (d) The Local Authority Hostel must not be used as a Hostel for adult sub-normal patients. Exceptionally, cases of high grade stable persons able to support themselves in a Hostel environment might be considered for admission.

3. General Rules regarding admission and stay.

- (a) The Hostel has been planned as part of the Community Welfare Services and is not an extension to the hospital services for the mentally ill. In view of this, no cases under active treatment at a Mental Hospital should be considered for admission with certain possible exceptions in cases under out-patient observation. No case requiring long stay, e.g. over a maximum of six months, should normally be maintained

in the Hostel. Within this period it is expected that an individual should return to the community as rehabilitated, or should return to the Mental Hospital for further treatment.

- (b) Admission and discharge to and from the Hostel would be controlled by the Medical Officer of Health on the advice of a Consultant Psychiatrist to the Local Health Authority who may be appointed later. He would expect Assessment Panels in the various mental hospitals to take note of recommendations under 1 and 2 above. Other factors besides recommendation from the Mental Hospital would also govern admission, e.g. age limits or complicating family social or health matters. Mental Health workers of the Local Health Authorities should therefore be essential members of the assessment panels.

Day-to-day administration and control of the Hostel inmates and staff, of course, would be exercised by the Matron and Superintendent, and residents would be on the list of their Local General Practitioner for general medical advice and consultation.

- (c) Lancashire County Council had shown a desire that the Hostel might take cases from Lancashire County not only from Divisions No. 9 and 10, but from other Divisions further away. In regard to this, it was felt during discussions that it might be unwise to make a fixed allocation of places to the County unless they definitely wished this. It was felt, therefore, that arrangements should be left fluid so that places could be taken by the County according to available vacancies.
- (d) With regard to County cases (and, incidentally, of course, St. Helens cases), there should be free access for Social Workers to see their own cases in the Hostel. It is considered that this is essential since the ultimate resettlement of these cases in the community will be through the agency of the Mental Welfare Officers and other Social Workers. There should be firm and frequent communication at Officer level between all Authorities using the Hostel and the St. Helens Mental Health Service. Progress reports on residents should be submitted on request by the Matron and Superintendent.
- (e) In the opinion of all Officers taking part in discussions, it was noticeable that stress was repeatedly laid on the necessity for careful and scrupulous assessment of cases by the Assessment Panels of the various hospitals, and also insistence on the point that no case should remain in the Hostel on a long stay or permanent basis.

A regular review of residents is as important as the procedure for screening their admission. This should be undertaken at regular intervals by a panel consisting of the Warden of the Hostel, a Social Worker and representatives of the Local Health Authorities and the hospitals where indicated.

VII.—TUBERCULOSIS

Incidence. In 1966, 24 persons were notified as suffering from pulmonary tuberculosis, 9 less than in the previous year. 3 cases of non-pulmonary tuberculosis were also notified during the year, 2 less than the previous year.

The total number of new cases was 27. This figure includes 1 case added to the Register from other sources, e.g. Death Returns, etc. The total number of new cases for the previous year was 42.

Mortality. 8 deaths in 1966 were due to tuberculosis, all being caused by the pulmonary form of the disease.

The death rate from tuberculosis was therefore 0.8 per 10,000 of the population.

Table T.B.2. shows the incidence and death rate figures from 1947.

Table T.B.1.
Particulars of new cases and of deaths during 1966.

Ages	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
0-	—	—	—	—	—	—	—	—
1-	—	—	—	—	—	—	—	—
2-	—	—	—	—	—	—	—	—
5-	—	—	—	—	—	—	—	—
10-	—	—	—	—	—	—	—	—
15-	—	—	—	—	—	—	—	—
20-	1	1	1	—	—	—	—	—
25-	2	5	—	—	—	—	—	—
35-	2	1	—	—	—	—	—	—
45-	1	2	1	—	1	—	—	—
55-	4	2	—	—	3	—	—	—
65-	1	—	—	—	1	—	—	—
75-	1	1	—	1	3	—	—	—
Totals	12	12	2	2	8	—	—	—

Table T.B.2.

Number of cases notified and number of deaths each year, 1947 to 1966

Year	No. of Primary notifications received.		Deaths		Death Rate per 10,000 of population	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1947	111	10	68	9	6.4	0.9
1948	98	15	63	7	5.7	0.6
1949	96	16	58	7	5.2	0.6
1950	104	16	46	4	4.1	0.3
1951	87	17	33	8	3.0	0.7
1952	99	17	37	3	3.4	0.3
1953	104	20	27	4	2.5	0.4
1954	109	3	28	1	2.5	0.1
1955	71	7	24	4	2.1	0.4
1956	116	6	12	3	1.1	0.3
1957	85	20	15	2	1.4	0.2
1958	79	5	17	2	1.5	0.2
1959	68	9	10	3	0.9	0.3
1960	62	6	10	—	0.9	0.0
1961	51	7	10	—	0.9	0.0
1962	49	10	12	—	1.1	0.0
1963	39	2	6	1	0.6	0.1
1964	40	3	11	1	1.0	0.1
1965	32	5	6	1	0.6	0.1
1966	23	3	8	—	0.8	0.0

Tuberculosis Dispensary and Chest Clinic. The administration and clinical work of the tuberculosis service is carried out at Bank House, Claughton Street, under the supervision of the Area Chest Physician appointed by the Liverpool Regional Hospital Board. This officer is responsible to the Local Authority for work under that part of Section 28 of the National Health Service Act, 1946, which deals with the care and after-care of patients suffering from tuberculosis. The Welfare Officer, who is wholly employed by the Local Authority, occupies an office at the dispensary. Close liaison is therefore possible between the work of the Regional Board and that of the Local Authority.

During 1966, the following attendances were made at the Dispensary:—

Tuberculous cases and contacts	.....	.....	.....	2,148
Other chest conditions	.....	.....	.....	1,564

Particulars of St. Helens cases on the Dispensary Register are set out in Table T.B.3.

Table T.B.3.
Register of St. Helens cases of Tuberculosis during 1966.

	Pulmonary	Non-Pulmonary
1. No. of cases on Tuberculosis Register on 1/1/1966	815	118
2. No. of cases added to the Register during 1966—		
(i) Formal Notifications	24	3
(ii) New cases coming to knowledge of Medical Officer of Health from other sources—		
(a) From Local Death Returns	—	—
(b) From Registrar General's Death Returns (transferable deaths)	—	—
(c) Posthumous Notifications	1	—
(d) Transfers from other areas	3	—
(e) Other sources	—	—
3. No. of cases removed from Register during year—		
(a) Recovered	13	2
(b) Deaths—		
(i) Certified as due to Tuberculosis	8	—
(ii) Other Causes	15	—
(c) Transferred to other areas, lost sight of, or otherwise deleted from Register	47	—
4. No. of cases on Tuberculosis Register on 31/12/1966	760	119

Institutional Treatment. 24 tuberculous patients from St. Helens were admitted to Eccleston Hall for treatment during the year 1966. There was 1 in-patient death of a St. Helens case during the twelve months.

VIII.—PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Three meetings of the Care and After-Care Sub-Committee were held during the year. The Sub-Committee consists of the following:—

5 Members of the Health Committee.

One representative from each of the following bodies:

The National Assistance Board

The Ministry of Labour and National Service.

The British Legion.

The Soldiers', Sailors' and Airmen's Families Association.

As in previous years the specialised knowledge of the co-opted members proved of great assistance in the work of the Committee. The work during the year was concerned with the welfare and assistance of both tuberculous and non-tuberculous patients.

During the year the work of the Care and After-Care Section was severely handicapped due to staff shortages. Despite this, however, the basic work of after-care of tuberculous patients was carried out and schemes of extra nourishment and the issue of material for occupational therapy continued.

The scheme for the provision of nursing requisites in the home was also in operation during the year under review and the visiting and supervision of medical welfare cases undertaken. Close liaison during the year once again was effected with the voluntary organisations and with statutory authorities such as the Ministries of Pensions and of Labour and the National Assistance Board. Financial assistance was also given through various foundations such as The Marie Curie Memorial Foundation and the voluntary fund of the Care and After-Care Sub-Committee.

Chronic Sick and Geriatric Cases.

Comment must be made on the continuing shortage of beds in the Local Management Committee area for treatment of the chronic sick and the difficulty of obtaining admission to hospital for geriatric cases. In the case of chronic sick nursing, the utmost efforts have been made on the part of the Local Authority to provide domiciliary services. Evening Home Helps are available and a Night Attendance Service is in operation if required. These, however, can only be measures of alleviation, especially when an acute medical crisis occurs in a person who is chronically ill. Repeated reference has been made to this problem at Liaison Committees of the Regional Hospital Board on which the Health Authority is represented, and it has been recognised that more bed provision must be made in the area.

In the meantime, efforts have been made to strengthen liaison between Whiston Hospital and the Local Health Authority. Waiting list cases are now referred for follow-up on social grounds so that a domiciliary report can be forwarded to the hospital, thus affording a much needed measure of priority to cases where domiciliary care is beyond the means of relatives or outside nursing care. It should also be stressed that apart from bed provision, there is also urgent need for extra hospital out-patient facilities for the aged, and for the establishment and development of day hospital geriatric facilities attached to the existing units which serve the area.

Family Planning—Ministry of Health Circular 5/66.

In connection with the above Ministry of Health Circular, the following report was submitted by the Medical Officer of Health to the Health Committee in the early part of the year. This report was adopted in principle by the Health Committee, who empowered the Medical Officer of Health to enter into detailed negotiations with the voluntary bodies concerned. By the autumn of the year, agreement was reached whereby the Local Health Authority would make use of the Family Planning Association who would receive a grant of £100 per annum, and the two local Marriage Guidance Councils who would receive a grant of £75 per annum. At the end of one year, an assessment will be made of the financial position, and any necessary adjustments made to the Associations in the light of the numbers passing through the clinics.

Referring to Minute No. 39 of this Committee, held on the 9th March, 1966, I am submitting a further report in connection with Ministry of Health Circular 5/66.

This circular generally outlines the Minister's views on the extent to which Local Health Authorities should concern themselves in the provision of information and service to the public in connection with planned parenthood. In the light of his recommendations, he asks Local Authorities to review their present arrangements and, if necessary, to extend them. His recommendations fall under three main headings:—

- (1) The retention of existing services or the establishment of new services for gynaecological and post-natal work to advise and assist mothers suffering from ill-health or post-natal complications which might affect future child bearing.
- (2) The establishment of services covering a wider field for those who desire advice directed towards planned parenthood even although no danger to health has been, or is likely to be, involved.
- (3) The provision of general education in family planning and family guidance through the medium of nurses and social workers. In some case, training of staff may be required.

I shall comment on these points as follows:—

- (1) Gynaecological and post-natal advice through the clinic services has been available for many years, and this clinic works in close liaison with Hospital Consultants in the provision of appropriate gynaecological or post-natal treatment for mothers suffering complications following child-birth. At the moment this clinic requires no expansion and it is suggested that this service be retained.
- (2) As regards the general extension of advisory services directed towards family planning apart from specific danger to health, the Minister notes the restriction on Health Authorities under present legislation. He points out, however, the existing powers of Local Authorities to contribute to and support voluntary bodies. He urges strongly, therefore, that this work should be carried out through the agency of the Family Planning Association and other voluntary bodies who are already undertaking this work locally. He points out that these bodies have the advantage of long experience and are assisted by expert knowledge and advice through their trained workers.

I would recommend that as regards this Authority, this procedure should be adopted, and that the Committee should authorise me to make appropriate arrangements, on an agency basis, with the Family Planning Association and other appropriate voluntary bodies such as the Marriage Advisory Councils. It is stressed in the circular that no charge for any of these services may be made by the Authority, and I would suggest that the most appropriate method would be to pay per capita on cases referred to these Centres.

- (3) I would recommend that the Committee should empower me to second members of the medical or nursing staff to appropriate bodies for training so that their advice may be available to mothers during family visiting and clinic work. The role of the Medical Officer and Nurse in this sphere is all important, as they are particularly well placed to bring to the notice of those concerned all available local facilities and how to make use of them.

Cost.

I am unable, at the moment, to lay any estimate of cost before the Committee since this cannot be decided until discussions have taken place with the voluntary bodies concerned. The cost will cover both the question of the interviewing and advisory services for patients, and possibly a nominal fee for training of personnel. I can be reasonably certain, however, that the amount during the annual financial year 1966/67, although not provided for in the forward estimates at the moment, will not be excessive, and it may be possible in the following year to give a more definite forecast in the light of initial experience.

General Comments.

If approved, the above scheme could be carried out within the existing powers of the Local Authority under the National Health Service Act, 1946. It would, however, not be necessary to ask for renewed approval from the Minister under Section 28 of the Act.

The above scheme is supplementary to any service which may be provided by the general medical practitioners to their patients, since many patients will undoubtedly choose to go to their own doctors for advice.

B.C.G. VACCINATION

The scheme for the vaccination of school children against tuberculosis was continued during 1966. During the year, 959 children were Heaf tested. Of these, 42 failed to keep their second appointment and will be followed up when the vaccination team again visits the school during the coming year. 83 pupils were found to be positive to the test and, therefore, did not require vaccination. 4 of the remaining pupils found to be negative to the test were unsuitable for vaccination on medical grounds. The remaining 830 children were successfully vaccinated with B.C.G. Vaccine.

Pupils who were found to be strongly positive to the Heaf tuberculin test were referred to the Chest Clinic for further investigation. In the majority of these cases it was found that there was a history of contact with a known case of tuberculosis, usually a member of the family. No active cases were found in this group during 1966.

The 83 pupils found positive to the Heaf tuberculin test give a tuberculin positive rate of 9.05 % for the groups tested during 1966.

B.C.G. vaccination, together with tuberculin testing of school children, has a vital part to play in the future struggle against a disease that has been largely controlled, but by no means eradicated.

CHIROPODY SERVICE

The scheme for the provision of chiropody treatment to elderly persons continued unchanged throughout the year. The service is free to persons aged 65 years and over, and treatments are given in the surgeries of practising Chiropodists who are registered with the Health Authority.

Prior authority for each treatment must first be obtained from the Health Department, but invariably the recommendation of the Chiropodist as to the date of the next treatment is accepted. As mentioned in my Report for 1965, the necessity for and the length of time between treatments is variously interpreted by individual Chiropodists. Some ask for the patients to return for further treatment after an interval of 2/3 months (i.e. 4 to 6 treatments annually), while others indicate 4/5 weeks (i.e. 12 to 13 treatments annually).

It is suggested, however, that an individual average at the rate of 6 treatments per year for all routine cases is reasonable, with the proviso that additional treatments could be approved on the recommendation of the Chiropodist or on grounds of medical need.

The significant increase in the number of chiropody treatments noted in previous years was again apparent in 1966.

The total number of treatments provided, as shown in the following table, was 20,036. This compares with 18,425 in 1965, 14,409 in 1964 and 7,843 in 1963.

CHIROPODY TREATMENTS, 1966

	SURGERY		DOMICILIARY		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	
January	312	1241	19	103	331	1344	1675
February.....	246	1089	26	109	272	1198	1470
March	335	1370	14	107	349	1477	1826
April	264	1178	24	112	288	1290	1578
May.....	280	1240	21	134	301	1374	1675
June.....	302	1292	17	101	319	1393	1712
July	283	1285	24	125	307	1410	1717
August	252	1057	17	111	269	1168	1437
September	320	1348	23	136	343	1484	1827
October	328	1263	16	128	344	1391	1735
November	320	1332	20	118	340	1450	1790
December	294	1166	13	121	307	1287	1594
	3536	14861	234	1405	3770	16266	20036

The age and sex distribution of patients included on the Chiropody Register, receiving treatment during the year, was as follows:

Sex	AGES		TREATMENTS			
	65-69	70 +	Surgery		Domiciliary	
			65-69	70 +	65-69	70 +
Males	184	395	1166	2370	39	195
Females	644	1516	5106	9755	140	1265
Totals	828	1911	6272	12125	179	1460
	2739		18397		1639	

The total number of patients dealt with was 2,739 compared with 2,569 in 1965. Patients increased by 6.7% over 1965 and treatments provided increased by 7.4% in the same period. The average number of treatments provided to individuals over the past four years is shown in the following table:—

AVERAGE NUMBER OF TREATMENTS PROVIDED TO EACH INDIVIDUAL PATIENT

Sex	Treatments per annum			
	1966	1965	1964	1963
Males	6.5	6.0	4.8	2.5
Females	7.5	7.5	6.6	5.0

It must be remembered that the above averages include new patients commencing treatment and other patients discontinuing treatment during the year. The actual number of treatments given each year to the majority of cases is, therefore, in excess of the figures quoted above, and in some instances runs at an average of 12 treatments per year.

At a special Chiropody Clinic sited at the Welfare Foods Centre in Bickerstaffe Street, 68 treatments were provided to a total of 17 patients, 4 being expectant mothers and 13 handicapped persons.

IX—VENEREAL DISEASES

The St. Helens Special Treatment Centre is under the administration of the Liverpool Regional Hospital Board, but the centre continues to be staffed by male and female nurses provided by the Corporation under agency agreements.

The following statement shows the number of cases dealt with at the Centre during the year 1966, in comparison with the previous year. This includes cases from outside the Borough who may receive treatment at the St. Helens Centre.

Table V.D.1

	1965		1966	
	M.	F.	M.	F.
1. No. of cases under treatment or observation on 1st January	23	20	17	14
2. No. of new cases (including cases previously removed from the register who returned for further observation or treatment) and Transfers	137	46	109	55
3. No. of cases discharged after completion of treatment or transferred to other centres or ceased to attend	143	52	84	52
4. No. of cases remaining under treatment or observation on 31st December	17	14	42	17
5. No. of attendances	539	180	437	247

Table V.D.2 shows the number of cases of definite venereal disease treated for the first time at the Centre during each of the past ten years. This table excludes cases which had received treatment previously at other Centres, and also cases removed from the register in previous years who returned for treatment or observation for the same infection.

Table V.D.2

Number of new cases of Venereal Diseases dealt with during 10 years, 1957 to 1966:

Year	Syphilis		Soft Chancre		Gonorrhoea		Total
	M	F.	M.	F.	M.	F.	
1957	4	5	1	—	18	8	36
1958	2	6	—	—	14	7	29
1959	2	—	—	—	20	5	27
1960	—	—	—	—	20	7	27
1961	1	1	—	—	31	20	53
1962	1	—	—	—	24	15	40
1963	—	2	—	—	22	12	36
1964	1	1	—	—	38	15	55
1965	1	—	—	—	21	12	34
1966	—	—	—	—	24	11	35

The following table V.D.3 gives a summary of the services rendered at the treatment centre during the year, showing the areas in which the patients resided.

Table V.D.3.

<i>Name of County, County Borough, etc.</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Total</i>
St. Helens.....	—	25	81	106
Lancashire C. C.	—	7	37	44
Others	—	3	5	8
Total	—	35	123	158

Contact Tracing.

During the year the welfare arrangements in connection with the Special Treatment Clinic were carried on as in previous years. The attendant of the Male Clinic and the Department's Welfare Officer of the Care and After-Care Service were responsible for the tracing of contacts and the follow-up of defaulters.

Gonorrhoea in Young People.

Of the 24 males and 11 females who had contracted Gonorrhoea, 1 female was between the ages of 16 and 17, 3 males and 3 females aged between 18 and 19, 10 males and 3 females aged between 20 and 24 and 11 males and 4 females were aged 25 and over.



X—MATERNITY AND CHILD WELFARE

Care of Mothers and Young Children

NOTIFICATION OF BIRTHS.—Under Section 203 of the Public Health Act, 1936, 1,721 live births and 45 still-births were notified during 1966. The corresponding figures for 1965 were 1,805 live births and 46 still-births.

The total number of live births registered as belonging to St. Helens was 1,774, giving a birth rate of 17.1 per 1,000 of the population for the year 1966. The corresponding rates over the past 5 years were, respectively, 17.6 in 1961, 18.3 in 1962, 17.7 in 1963, 17.0 in 1964 and 17.6 in 1965.

INFANT MORTALITY.—During 1966 the deaths occurred of 46 infants under the age of one year, giving an Infantile Mortality Rate for that year of 25.9 per 1,000 live births. The corresponding rates during the preceding five years were 28.3 in 1961, 22.2 in 1962, 26.9 in 1963, 21.2 in 1964 and 19.0 in 1965. The average for the five years 1962-1966 was 23.1. The Infantile Mortality Rate for England and Wales for 1966 was 19.0 per 1,000 births.

Table M.C.W. 1 below shows the ages at death and causes of death in these infants. It will be noted that 30 of the infants died before the age of one month (the neo-natal period), 8 died between 1 and 3 months, 4 died between 3 and 6 months, 3 died between 6 and 9 months and 1 died between 9 and 12 months.

Again by far the greater number of deaths, therefore, occurred within the first three months. The following tables present a statistical review of the deaths with remarks on the apparent causal factors.

Table M.C.W.1

Ages at which death occurred	Causes of Death						Total
	Congenital	Prematurity	Pneumonia	Other Infection	Accidents	Other Causes	
Birth to 24 hours	5	10	—	—	—	—	15
1 day to 7 days	5	3	1	—	—	—	9
8 days to 1 month	3	—	2	—	1	—	6
1 month to 3 months	2	—	4	—	2	—	8
3 months to 6 months	—	—	2	—	1	1	4
6 months to 9 months	2	—	1	—	—	—	3
9 months to 12 months	1	—	—	—	—	—	1
ALL AGES	18	13	10	—	4	1	46

Infant Mortality.

The infant mortality rate at 25.9 per 1,000 live births contrasts with the figure of 19.0 per 1,000 in 1965. This latter figure was the lowest ever recorded in the County Borough and at first appearance the increase for 1966 would seem to be disappointing. In fact, however, out of a total number of 46 infant deaths, 8 occurred in December, and of this 8, 3 of the deaths were of premature triplets. There were also 4 cases of infantile broncho pneumonia, and from information received from the local hospitals, this was of a severe fulminating type of infection, the babies being practically moribund on admission to hospital. Considering these two factors, therefore, the resultant rise in the infantile mortality rate was inevitable.

The following Table M.C.W.2 shows the time of the year at which the various deaths occurred.

Table M.C.W.2.

Month when death occurred of children under one year.

Month during 1966 when death occurred	Causes of Death						Total
	Congenital	Prematurity	Pneumonia	Infection	Accidents	Other Causes	
January	2	1	—	—	3	—	6
February.....	—	—	—	—	—	—	—
March	2	—	1	—	—	—	3
April	4	—	3	—	—	—	7
May.....	1	1	—	—	—	—	2
June.....	—	2	—	—	—	1	3
July	2	1	1	—	—	—	4
August	4	2	—	—	—	—	6
September	1	1	—	—	—	—	2
October	—	2	—	—	—	—	2
November	1	—	2	—	—	—	3
December	2	3	2	—	—	1	8
TOTAL	19	13	9	—	3	2	46

The 19 deaths of premature infants were specially investigated. 13 of these deaths were directly attributable to prematurity. Table M.C.W.3 shows the birth weights of these infants, the periods of pregnancy at which these premature births occurred and the causes of the prematurity. (An infant of 5½lb. or less at birth is classed as a premature birth for the purpose of the following table.)

Table M.C.W. 3
Analysis of Deaths of Premature Infants

(a) Weights at Birth of Premature Infants

Less than 2 lb. 3 oz.	.....	.....	.....	.....	8
2 lb. 3 oz. to 3 lb. 4 oz.	.....	.....	.....	.....	4
3 lb. 4 oz. to 4 lb. 6 oz.	.....	.....	.....	.....	3
4 lb. 6 oz. to 4 lb. 15 oz.	.....	.....	.....	.....	—
4 lb. 15 oz. to 5 lb. 8 oz.	.....	.....	.....	.....	4
Total					19

(b) Periods of pregnancy at which premature births occurred (i.e. 5½ lb. or less at birth)

Period of pregnancy:

26 weeks	.....	.....	.....	.....	3
27 weeks	.....	.....	.....	.....	3
28 weeks	.....	.....	.....	.....	4
30 weeks	.....	.....	.....	.....	4
32 weeks	.....	.....	.....	.....	1
34 weeks	.....	.....	.....	.....	1
35 weeks	.....	.....	.....	.....	1
40 weeks	.....	.....	.....	.....	2
Total					19

(c) Causes of Prematurity

Twin Pregnancy	.....	.....	.....	.....	4
Anti-partum Haemorrhage	.....	.....	.....	.....	2
Toxaemia in Mother	.....	.....	.....	.....	5
Anaemia in Mother	.....	.....	.....	.....	1
Atelectasis	.....	.....	.....	.....	2
Anencephaly	.....	.....	.....	.....	1
No apparent cause	.....	.....	.....	.....	4
					19

STILL-BIRTHS.—The number of still-births registered as belonging to the Borough was 45. All still-births were investigated, and the causes of intra-uterine deaths were attributable to the following conditions:

Multiple Congenital Deformities	3
Anencephalic	7
Short cord	1
Ante-partum Haemorrhage	7
Premature separation of Placenta	2
Prematurity	3
Prolapsed Cord	1
Hydrocephalus	2
Cord around Body	1
Toxaemia of Pregnancy	2
Placenta Praevia	2
Placental Insufficiency	5
No apparent cause	8
Mother Diabetic	1
	<hr/>
	45
	<hr/>

Congenital Abnormalities.—Congenital abnormalities noted in children born within the Borough are notified to the Registrar General and to Alder Hey Hospital where a congenital abnormality inquiry is being conducted by the Department of Child Health. During 1966 a total of 73 abnormalities were noted in a total of 58 live and still-births.

Six infants with congenital malformations were born at home and these were notified to Alder Hey Hospital.

The remaining 52 St. Helens infants (of whom 12 were still-births) with congenital malformations were either born at Cowley Hill Maternity Hospital or Whiston Hospital and were notified to Alder Hey Hospital by the respective hospitals.

73 congenital malformations (61 in live births and 12 in still-births) occurred in St. Helens infants, and these were notified to the Ministry monthly by the Medical Officer of Health. The following tables give particulars of the site of the malformations and the months of birth throughout the year.

CAUSES OF CONGENITAL MALFORMATIONS

	Home	Cowley Hill Hospital	Whiston Hospital	Total	No. of these which were stillborn
C.N.S.	—	17	5	22	9
Alimentary System	1	7	—	8	2
Heart and Great Vessels	—	1	2	3	—
Urogenital System	1	5	1	7	—
Limbs	2	5	4	11	—
Other Malformations	1	1	—	2	—
Other Systems	1	7	—	8	1
	6	43	12	61	12

MONTHS OF BIRTH OF BABIES WITH CONGENITAL MALFORMATIONS

	Home	Cowley Hill Hospital	Whiston Hospital	Total	Died as a result of Malformation	Stillborn
January	1	1	2	4	1	—
February	—	2	—	2	1	1
March	1	2	1	4	—	2
April	—	3	—	3	2	1
May	—	3	1	4	—	1
June	—	5	1	6	1	2
July	1	4	1	6	1	1
August	—	2	1	3	—	2
September	—	5	—	5	1	1
October	1	2	—	3	1	—
November	—	1	—	1	—	—
December	2	1	2	5	—	1
	6	31	9	46	8	12

	Births	Malformations
Babies born with one malformation	35	35
Babies born with two malformations	7	14
Babies born with three malformations	4	12
	46	61

MATERNAL DEATHS.—During 1966 there were no maternal deaths.

The Maternal Mortality for the year was, therefore, 0.0 per 1,000 live and still-births. The rate for England and Wales was 0.26 per 1,000 live and still births.

INFECTIOUS DISEASES IN MOTHERS AND CHILDREN

Puerperal Pyrexia.—One case of Puerperal Pyrexia was notified during 1966. This case occurred on the district and the patient was found to be suffering from a Uterine Infection and was treated at home, being transferred to the Queen’s District Nursing Association on the third day.

Pemphigus.—No case was reported during the year.

Ophthalmia Neonatorum.—No case was reported during the year.

Other Infectious Diseases.—The following Table, M.C.W.4., shows the number of cases of notifiable infectious diseases which occurred in children under 5 years of age, and the deaths resulting therefrom.

Table M.C.W.4.

	Under 1 year		1—5 years	
	Cases	Deaths	Cases	Deaths
Scarlet Fever	1	—	52	—
Diphtheria	—	—	—	—
Measles	55	—	425	—
Whooping Cough	16	—	43	—
Ophthalmia Neonatorum	—	—	—	—
Meningococcal Infections	—	—	—	—

CLINIC SERVICES

Child Welfare Clinics.—Clinics for children under 5 years of age are held on 10 sessions weekly at 9 centres.

Under the revision of the ten year plan, which was carried out during the year, provision was made for the future siting of a new clinic in the Black-brook area. This will form part of a community development scheme very similar to that already completed for the Ashtons Green Area where the community services comprise a Youth Centre, Local Authority Health Centre, Welfare Hostel, Library and a Junior Training Centre.

The scheme for the provision of enlarged dental services for expectant and nursing mothers did not operate during the year owing to lack of dental staff. Despite this the provision of dental suites is planned for all new clinics in the town.

Table M.C.W.5. shows attendances at the various Maternity and Child Welfare Clinics.

During the year, routine tests for the detection of phenylketonuria were conducted at Infant Welfare Clinics.

A total of 1,627 tests were conducted in clinics, and in addition a further 1,307 tests were carried out on the district in the homes of the patients. No case was detected as a result of the survey.

Immunisation against diphtheria is carried out at the Child Welfare Clinics as well as at the special sessions held at the School Clinic in Claughton Street, and at the outlying district clinics.

During the year, health education activities in the various clinics were augmented by a series of film shows on appropriate subjects, which were shown regularly at the Central and District Clinics.

ANTE-NATAL CLINICS.—Up to the end of August, 1966, there were 10 ante-natal clinics being held at 9 centres. From September the ante-natal and infant welfare clinics held at Blackbrook and Nunn Street Clinics were combined into one session at each clinic. In November, the two ante-natal clinics held at Hardshaw Street on Tuesdays and Fridays were combined and held on Tuesdays only. By the end of the year, there were 9 ante-natal sessions being held weekly, 3 of which were combined with infant welfare sessions.

Table M.C.W.5.

Attendances at Maternity and Child Welfare Clinics during 1966

Child Welfare Clinics:													
Number who attended and who were born in:													
(i)	1966	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1,254
(ii)	1965	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1,128
(iii)	1961-1964	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	967
Number of attendances by children													18,572
Ante-natal Clinics:													
Medical Officer's Sessions, including Specialist Ante-natal Clinics:													
Number of expectant mothers who attended													774
Number of attendances by expectant mothers													3,948
Midwives' Sessions (no medical officer being present):													
Number of expectant mothers who attended													457
Number of attendances by expectant mothers													2,283
Post-natal Examinations at Ante-natal Clinics:													
Number of mothers who attended													85
Number of attendances													131
Gynaecological and Post-natal Clinic													
Number of mothers who attended													82
Number of attendances													110

Poliomyelitis vaccination of expectant mothers was continued during the year at the central immunisation clinic and also at the district ante-natal clinics.

Expectant mothers have routine blood tests carried out at these clinics. The tests are for blood grouping, Rhesus factor and Kahn reaction. During the year, 202 specimens were sent for examination. Of these, 133 were Rhesus positive, 67 were Rhesus negative, 1 Phenotype reaction, and 1 specimen was found to be unfit for testing.

Of the 67 patients who were Rhesus Negative in type, 3 had Rhesus Antibodies present. The importance of this test lies in the fact that the doctor in charge of the confinement is forewarned that the baby may need an exchange transfusion immediately after birth. Rhesus Negative blood may be obtained from the Regional Blood Transfusion Centre before the confinement, in readiness for either the mother or the baby. The babies of these three patients did not need exchange transfusions. One of the patients who was Rhesus positive in type had weak Rhesus antibodies present, but the baby did not need an exchange transfusion at birth.

Routine Blood Counts and Haemoglobin estimations are carried out at all ante-natal clinics, the laboratory work in connection with this being conducted by the Pathologist at the St. Helens Hospital.

In addition to the ante-natal clinics, a Specialist Clinic staffed by two specialist obstetricians attached to the Cowley Hill Maternity Hospital, is held fortnightly. Patients are referred for Consultant advice by Medical Officers of the Local Authority staffing the ordinary ante-natal clinics, and the work done has proved to be of great value. During 1966, 93 patients were referred to the Centre for Consultant opinion.

Midwives' ante-natal sessions at District Clinics were conducted during the year as follows:

<i>Clinic</i>	<i>Patients Attending</i>	<i>No. of Attendances</i>
Albion Street	105	520
Ashtons Green Drive	169	769
Carr Mill	32	154
Elizabeth Street	51	298
Jersey Street	25	129
Lacey Street	75	413

Arrangements have been operative for many years whereby maternity and child welfare cases from the County districts adjoining St. Helens may attend any of the St. Helens clinics for advice and treatment. During the year such cases made a total of 1,576 attendances at one or other of the clinics.

GYNAECOLOGICAL AND POST-NATAL CLINIC.—This clinic is held once a week at the Hardshaw Street Centre and serves the double purpose of investigation of gynaecological conditions associated with pregnancy and as a clinic for post-natal supervision. During 1966, 60 patients visited this clinic for post-natal examinations. Post-natal supervision is, however, also carried out at the Infant Welfare and Ante-Natal Clinics held in the outlying districts. The total number of women who received special post-natal supervision was 167.

The number of gynaecological patients attending this clinic was 22.

Patients who needed operative treatment were referred to the out-patient departments of the local hospitals.

At this clinic patients may also receive advice on birth control methods when such is desirable for medical reasons. These patients have been instructed in the use of the occlusive diaphragm. The Contraceptive Pill is not issued from this clinic. Patients who wish to use this method of contraception are referred to the St. Helens Branch of the Family Planning Association.

Severe debility caused by frequent pregnancies	.....	9
Mental Instability	.....	4
Cardiac Disease	.....	2
		<hr/>
		15
		<hr/>

CERVICAL SMEAR CLINIC.

The Service set up in December, 1965, for the collection of cervical smears for cytodiagnostic investigation for prevention and/or early detection of Cancer of the Cervix was continued in 1966.

A total of 319 women availed themselves of the opportunities at the free weekly sessions.

Total No. attended	.....	319
Total No. of smears taken	.....	322
No. of cases from County	.....	75
No. Positive and referred to G.P.	.....	Nil
No. of Repeat Smears (Routine)	.....	2
No. of Repeat Smears (Suspicious)		1 (Negative result)

In December, 1966, it was decided to improve the facilities for taking smears and orders were placed for a 'lithotomy chair' and a trolley mounted anglepoise lamp.

DISTRIBUTION OF WELFARE FOODS

(a) National Welfare Foods Scheme.

The scheme for the distribution of national welfare foods was continued without alteration during 1966.

Table M.C.W.6.

Receipts and issues of welfare foods for the period 1st January, 1966, to 31st December, 1966.

	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin Tablets
1. Stocks received from Ministry of Food				
(a) In Hand on 1/1/66	950	1368	253	348
(b) Received during the period	7857	18900	2088	1580
Total	8807	20268	2341	1928
2. Disposal of Stocks:				
(a) Issued against coupons—				
(i) paid for by postage stamps	—	—	—	—
(ii) paid for by cash	5020	18055	1765	1657
(iii) free	733	367	127	15
(b) Issued at full fee	2263	—	—	—
Issues to public	8016	18422	1892	1672
(c) Other Issues	—	252	—	—
Total Issues	8016	18674	1892	1672
3. Returned to Ministry of Food, Damaged, etc.	27	26	1	1
4. Stocks in Hand 31/12/66	764	1568	448	256

The issues of welfare foods from the various distribution centres during the period 1st January, 1966, to 31st December, 1966, are shown in Table M.C.W.7. Receipts during this period amounted to £2,522. 1s. 4d.

TABLE M.C.W.7.

Issues of Welfare Foods to the public from the various Distribution Centres 1966

<i>Distribution Centre</i>	<i>National Dried Milk</i>	<i>Orange Juice</i>	<i>Cod Liver Oil</i>	<i>Vitamin Tablets</i>
Welfare Foods Centre	5289	9275	784	1067
Albion Street Clinic	758	2154	249	185
Blackbrook Clinic	198	518	81	19
Elizabeth Street Clinic	306	944	168	49
Hardshaw Street Clinic	69	1090	108	118
Carr Mill Clinic	159	863	89	46
Jersey Street Clinic	232	802	58	33
Lacey Street Clinic	446	1602	157	45
Nunn Street Clinic	356	274	47	9
Ashtons Green Drive Clinic	203	900	151	101
Grand Total	8016	18422	1892	1672

(b) **Other Welfare Foods.** The issue of proprietary brands of dried milk through the Council's scheme for mothers and infants was limited to special cases for whom the National Dried Milk was not altogether satisfactory. During 1966, approximately 18,529 lb. of dried milk were distributed through the Council's Scheme.

DENTAL TREATMENT

Table M.C.W.8.

(a) Numbers provided with Dental Care.

	Examined	Commenced treatment	Completed treatment
Expectant and Nursing Mothers	35	35	35
Children under five	148	145	145

(b) Forms of Dental Treatment Provided:

	Scalings & Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Upper or Lower Dentures Provided		Radio-graphs
							Full	Partial	
Expectant and Nursing Mothers	4	19	—	—	51	23	6	2	6
Children under 5	—	7	—	—	160	138	—	—	—

MINOR AILMENTS.—During 1966, 9 children were referred to and received treatment at one or other of the Council's Minor Ailments Clinics.

CRIPPLED CHILDREN.—Crippling defects in children under 5 years of age are dealt with under the Council's Orthopaedic Scheme, which provides periodic supervision by the Consultant Orthopaedic Surgeon and the Physio-therapist.

During 1966, 100 infant welfare cases were dealt with at the Orthopaedic Clinic.

DAY NURSERY.—The demand for Day Nursery places continues to rise and the national propaganda drive for recruitment of married women to the teaching profession has resulted in a rise in the number of enquiries being made for the placement of young children. Unfortunately, there is no room for expansion on the present site, and even the existing Nursery premises are becoming outdated. The question of the provision of a new Day Nursery is, therefore, becoming rather an urgent matter. The siting of such premises may present some difficulty since ideally these should be in a central part of the town and near to a focal point of public transport.

During the year 21 cases of measles and a further 10 cases of German measles were reported. Other absences were attributed to 1 case of scarlet fever and 3 cases of gastro-enteritis.

Particulars of attendances &c. at the Hall Street Day Nursery during 1966 are shown below:—

No. of approved places at Day Nursery	No. of children on the register at the end of the year	Average daily attendance during the year
30	35	28.1

PLAY CENTRES.—Three Play Centres are open in St. Helens. They are run by voluntary committees of mothers and have qualified for registration with the Local Authority.

These Centres are visited each week by a Health Visitor, who gives advice on the care and control of children during their attendance, and ensures that the names of all children attending are registered. Any case of infectious disease occurring at the Centres is notified immediately to the Medical Officer of Health, and adequate precaution is taken against the exposure of all children to infectious disease.

THE CARE OF PREMATURE INFANTS.—Since 1944 special efforts have been directed towards preserving life in premature and/or immature infants. The birth weight is stated on every notification of birth form, and in those cases born at home where the birth weight was 5 lbs. 8 ozs. or less a special visit was immediately made by the Supervisor of Midwives, and, if necessary, arrangements made for admission to hospital. For infants remaining at home, special basket cots fitted with special lining, mattress and bedding, a Belcroy feeding bottle and hot water bottles are available, and have proved of value.

During 1966, 29 premature and/or immature babies were born at home and a further 132 were born in hospital. Particulars of these cases are given in Table M.C.W.9.

When these infants are discharged from hospital, or when the midwife has ceased to attend those born at home, the Health Visitor concerned is immediately notified and pays special follow-up visits.

The Ambulance Service is equipped with a portable incubator which is used for the transport of premature infants to hospitals and has also proved very useful in the work of inter-hospital transfers. Many of these infants are now admitted to Alder Hey Hospital in Liverpool as transfers from Cowley Hill Hospital. The incubator is, by agreement with the Hospital Authorities, kept at Cowley Hill Hospital and when a request for its use should arise, the incubator is plugged in and electrically heated to the required temperature before being plugged into the electrical system in the Ambulance where the temperature is maintained during transport.

THE CARE OF UNMARRIED MOTHERS.—As in previous years, special consideration was given to the care of the unmarried mother and her child, and arrangements were made for admission of cases to St. Monica’s Home, Liverpool, and the Mater Dei Home, Blundellsands, and to other appropriate homes. All cases of unmarried expectant mothers coming to the knowledge of the Department through Health Visitors, Municipal Midwives, Moral Welfare Workers and other agencies, are notified to the Medical Officer in charge of Maternity and Child Welfare Services, who, after investigation, decides which cases can be dealt with at home or through local hospitals, and which cases can most suitably be dealt with by periods of residence in suitable Homes. The mother is admitted to the Home about two months before the expected confinement and remains there after confinement until suitable arrangements can be made for the after-care of herself and the child. During 1966, 57 unmarried mothers were assisted under these arrangements.

In the majority of cases it was found that the parents were willing to keep the girl at home during the pregnancy if some arrangements could be made for the confinement.

The following list gives the places of confinement:—

Cowley Hill Maternity Hospital	.....	.....	.....	.....	.....	.....	.....	.....	.....	19
Whiston Hospital, Prescot	.....	.....	.....	.....	.....	.....	.....	.....	.....	12
Parents’ homes	.....	.....	.....	.....	.....	.....	.....	.....	.....	6
Diocesan or other Voluntary Homes	.....	.....	.....	.....	.....	.....	.....	.....	.....	17
Other Hospitals	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Total										57

Mothers entering Homes are assisted by the Corporation in the payment of their fees. All the unmarried mothers were helped to take out Affiliation Orders.

Every effort was made in all cases to enable the mother to keep the child with her in the parental home, and in many cases these efforts were successful.

Table M.C.W.9.

PREMATURE LIVE BIRTHS												
WEIGHT AT BIRTH	Born in Hospital				Born at home or in a nursing home				Transferred to hospital on or before 28th day			
	Total births	Died			Total births	Died			Total births	Within 24 hours of birth		
		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days
2 lb. 3 oz. or less 	6	5	1	—	—	—	—	—	2	2	—	—
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. 	7	3	1	—	—	—	—	—	1	—	—	—
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. 	30	2	1	—	1	—	—	—	3	—	—	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. 	26	—	—	—	—	—	—	—	2	—	—	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. 	63	2	1	—	15	—	—	—	5	—	1	—
Totals 	132	12	4	—	16	—	—	—	13	2	1	—

HOSPITAL ACCOMMODATION.—The Cowley Hill Maternity Hospital, administered by the St. Helens and District Hospital Management Committee, is the only Maternity Hospital in St. Helens and has a complement of 50 beds.

Maternity Ante-Natal Services of the Local Authority and their Relationship with Cowley Hill Hospital.

Since the appointed day in 1948, when the local Maternity Hospital at Cowley Hill was transferred to the Liverpool Regional Hospital Board, the ante-natal care of the mothers admitted to hospital continued to be carried out in Local Authority Ante-Natal Clinics. There was also a joint appointment of Medical Officer, who acted as Resident Medical Officer at the Maternity Hospital and who also acted as Senior Medical Officer in charge of the Local Authority Maternity and Child Welfare Service. With the passage of the years, an additional 15-17 beds were installed in the Hospital which functioned as a separate unit under the control of the General Practitioners of the town.

This complex arrangement continued until 1965 when, on the resignation of the Medical Officer mentioned above, the Liverpool Regional Hospital Board intimated that it was not their wish to renew the joint appointment but instead desired to carry out an entire review of staffing at the Maternity Hospital with a view to strengthening Consultant Administration and control. The effect of this would be to separate the hospital entirely from association with the Local Authority and form a pool of beds for the area which would be used in common by mothers from Local Authority Clinics and by General Practitioners, the bed allocation to be under the control of the Consultant Staff of 1 Senior and 2 Assistant Consultant Obstetricians, with a resident staff of 1 Medical Officer.

This reorganisation, however, proved very complex and very protracted. It was necessary to await many staff changes on the Consultant side but, in the meantime, patients from Local Authority Ante-Natal Clinics had continuing and free access to beds at Cowley Hill Hospital when referred by Medical Officers of the Local Authority. During the negotiations, the Medical Officer of Health offered to establish a central booking clinic in the town, and continue the ante-natal services for the hospital under the aegis of the Local Authority and General Practitioners. This view, although welcomed by the Regional Hospital Board, was not accepted by the General Practitioners, who desired a more direct clinical interest in the work of the Hospital.

Arrangements were finally reached whereby Cowley Hill Hospital and Whiston Maternity Unit were to function as one pool of beds under the control of a Senior Consultant Obstetrician, who would have major control at Whiston Hospital, assisted by two Consultant Obstetricians, who would be mainly responsible for Cowley Hill Hospital. Cases would be admitted from General Practitioners or from Local Authority clinics through a central booking clinic at Cowley Hill Hospital, and the decision to admit to hospital or otherwise would be made by the Consultants, who would conduct the booking clinic.

The question of the Ante-Natal Clinic at the Hospital was not clearly defined, and the scheme had not been running very long before it became apparent that the Consultant booking clinic would not function without an attached ante-natal unit. Ante-natal sessions were, therefore, opened at Cowley Hill Hospital. Cases were referred to this clinic as stated above following ante-natal examination by a General Practitioner or a Local Authority Medical Officer. Following booking at the Hospital, the case was then referred for

intercurrent ante-natal care and observation to the general practitioner or Local Authority Clinic.

The above outlines the main points of the altered system of the ante-natal services in the town, and the effect within a very few months was to diminish the numbers of ante-natal mothers passing through Local Authority clinics. This became so marked that it was necessary to carry out a complete review of the ante-natal and infant welfare sessions conducted by the Local Authority, and it was found that in centres where double ante-natal sessions had been conducted, one session would now suffice, and in other centres, ante-natal sessions could now be combined with an infant welfare session. This streamlining of sessions in the various centres led, of course, to a situation where there was an opportunity to extend the toddlers services, and especially to tackle energetically the question of ascertainment and screening of children between 1 and 5 years for physical and mental handicaps, a question which had been exercising the Department for some time.

Throughout the year, therefore, there was a gradual reorganisation of the clinic services with increased emphasis directed towards the building up of special toddlers sessions. Opportunity was also taken to train members of the staff in the work of conducting relaxation clinics for expectant mothers, and contact was made with Cowley Hill Hospital to encourage mothers attending the Hospital Clinics to go to the various Centres for relaxation exercises.

During 1966, 1,374 births (966 being St. Helens cases) took place in the Cowley Hill Maternity Hospital, 417 St. Helens births in the Whiston Hospital, Prescot, and 16 St. Helens births occurred in other hospitals.

XI.—MIDWIFERY SERVICE.

MUNICIPAL MIDWIFERY SERVICE.—The staff establishment of the Municipal Midwifery Service is fifteen District Midwives and one Non-Medical Supervisor of Midwives. At the end of the year there was a staff deficiency of 3 District Midwives.

During 1966, 2 full-time and 2 part-time midwives attended Refresher Courses.

The midwives work from their own homes and were grouped in districts to allow for relief duties.

The Domiciliary Midwifery Service made increasing use of disposable equipment during the year, and co-operation cards for the interchange of ante-natal information between the midwives and general practitioners came into being.

Meetings of midwives for films and discussions were held regularly during the year.

The following table gives a summary of the work done by the staff of the Municipal Midwifery Service during 1966.

Number of cases attended	.....	.....	.....	.....	.....	.....	.....	.....	365
Number of live births	.....	.....	.....	.....	.....	.....	.....	.....	363
Number of still-births	.....	.....	.....	.....	.....	.....	.....	.....	2
Number of abortions	.....	.....	.....	.....	.....	.....	.....	.....	—
Number of cases delivered in Hospitals but discharged and attended by Domiciliary Midwives before the 10th day									932
Number of cases in which midwife sent for medical assistance	.....	.....	.....	.....	.....	.....	.....	.....	96
Supervisor's visits	.....	.....	.....	.....	.....	.....	.....	.....	419

The domiciliary midwives are all trained in the use of Gas and Air Analgesia, Trilene Anaesthesia and the use of Pethidine drugs. There are twelve Trilene apparatus in the Midwifery Service, each midwife has one apparatus—the spares being kept at the Ambulance Station.

During the year Trilene was administered to 302 patients, Gas and Air Analgesia to 3 patients, and Pethidine to 183 patients.

During 1966, by arrangement with the Local Management Committee, 6 pupil midwives were trained by domiciliary midwives.

As will be seen from the following Table, the number of early discharges from hospitals rose markedly during the year. This, of course, led to a greatly increased demand for domiciliary maternity nursing, and as far as possible an attempt was made to carry out this work by the use of part-time staff recruited from the ranks of married midwives who had retired from whole-time practice. The demand for the service, however, soon outstripped the capacity of available part-time staff, and quite a considerable amount of the domiciliary maternity nursing was carried out by whole-time staff. In fact, the number of cases dealt with was quadrupled during 1966.

Early Discharges from Hospital, 1966

1966	Whiston Hospital	Cowley Hill Hospital	Others	Total No. of Patients Discharged Early	No. of Visits
January	3	5	—	8	42
February	18	5	2	25	89
March	23	66	1	90	255
April	4	62	1	67	242
May	23	85	—	108	387
June	11	69	—	80	268
July	20	73	1	94	384
August	29	66	1	96	366
September	19	59	—	78	284
October.....	34	65	—	99	372
November	34	68	—	102	431
December	12	72	2	86	389
	230	695	8	933	3509

INSPECTION OF MIDWIVES.—During 1966, 38 midwives notified their intention to practise within the Borough. At the end of the year, 27 of these midwives were still practising within the Borough, and of these 12 were employed by the Local Health Authority, and 14 were engaged at the Cowley Hill Maternity Hospital, and 1 in private practice.

The supervision and inspection of midwives is carried out by Medical Officers and by the Non-Medical Supervisor of Midwives. During 1966, 100 visits were made to the Council's midwives by the Supervisor.

During 1966, thirteen student nurses undertaking obstetric training at Cowley Hill Maternity Hospital, were taken on domiciliary visits by the Supervisor of Midwives.

XII.—HEALTH VISITING

The duties of the Health Visitors include the general health welfare of the family as a whole, as well as the specialised duties connected with the School Health Services and the Care of Mothers and Young Children. This means that time is given to home visiting in connection with the welfare of old people, the follow-up of patients discharged home from hospital, enquiries regarding home conditions of mothers requesting confinement in hospital, in addition to the routine and special visits required to be paid to mothers and young children under school age, and home visits directly connected with School Medical Inspections. The Health Visitors also staff the various Ante-Natal Clinics and Child Welfare Clinics in the Borough, and are in attendance at the School Medical Inspections. The staff establishment of 21 Health Visitors was five below strength at the end of the year.

During the year under review four students qualified as Health Visitors and were taken on the establishment. This, however, barely balanced the loss due to transfers and resignations from the staff and at the end of the year we were still below establishment.

The gradual mobilisation of the staff through the medium of payment of car allowances has proved extremely helpful, but it is considered that the establishment of an assisted car purchase scheme for the staff is long overdue.

Special attention was given during the year to health education of the mothers and relaxation sessions were being well attended at the clinics.

No system of attachment of Health Visitors to General Practices in St. Helens has been introduced, but there is excellent co-operation between the General Practitioners and the Health Visiting Service, and Health Visitors' records are always available to General Practitioners.

The following statement shows the cases visited by Health Visitors during the year:

To children born in 1966	1679
To children born in 1965	1673
To children born in 1961-1964	5580
To persons aged 65 or over	254
To mentally disordered persons	13
To other persons excluding Maternity cases discharged from Hospital	35
No. of tuberculous households visited	215
No. of households visited on account of other infectious diseases	874
Total	10323

XIII.—HOME NURSING SERVICE.

ST. HELENS DISTRICT NURSING ASSOCIATION

During 1966, arrangements for the provision of Home Nursing in the Borough continued as in previous years whereby the St. Helens District Nursing Association acted as agent for the Local Authority in carrying out its duties under Section 25 of the National Health Service Act. The Health Authority has full representation on the Committee of the Association, and there is close administrative contact between the Medical Officer of Health and the Superintendent of the Nurses. The Association, however, still retains its vigorous and independent existence and the members of the Committee are, as always, untiring in the work of administering the services while maintaining a close and friendly relationship with the Local Health Authority.

During the year under review, there was a slight diminution in the number of cases attended, namely 2,119 as against 2,141 in 1965. The total number of visits was also decreased, 72,387 visits being paid to cases as against 74,816 in the previous year. As regards the type of cases attended, the decrease was in the category of those classed as medical, but such actual details of cases and visits, while showing a slight variation over the years, were of no marked significance against the total volume of work done during the year.

The main figure to note is the high number of visits, namely 48,816 paid to persons aged 65 or over at the time of the first visit during the year. In fact, the number of patients in this category showed an increase as against previous years. The task of caring for the chronic sick and the infirm through the Home Nursing Service is one of the most important features of our present day social welfare services. This is work which must inevitably increase in parallel with the increase in our ageing population, and during the year, on many occasions, tribute was paid by members of the Health Committee to this particular side of the District Nursing Service which offers so much help and comfort to the aged persons in our community. For their own part, the Health Committee have supported this work in every way by encouraging the work of the Home Help Service to aid and support the work of the Home Nurse in homes requiring the care and attention of both services. It is also satisfactory to record the appreciation of the General Practitioners of the town to both these services which are so vital in assisting them in the field of domiciliary medical care.

Devotion and goodwill, however, can easily be nullified where there is no nursing skill, and there can be no nursing skill without nursing training. The St. Helens branch of the Association has always been very much alive to the need for the provision of Refresher Courses and training for the staff. These courses are run in Preston by the Lancashire County Council and are regularly attended by members of the staff. Auxiliary Nurses who are state enrolled, joining the staff for the first time, are enrolled for training at the William Rathbone College of Nursing in Liverpool before taking up duty as Auxiliary Day Nurses under the direction of fully trained members of the staff.

At the Annual General Meeting last year, the lecturer was Dr. A. Reid, O.B.E., M.D., from the Liverpool School of Tropical Medicine, and this was followed up later in the year when he gave a lecture training session to District Nurses and Health Visitors on the subject of imported tropical diseases in immigrants. It is very much hoped that this type of educational association with the School of Tropical Medicine, which has been so happily instituted, will be continued in the years to come.

XIV.—HOME HELP SERVICE.

The Home Help Service operating in St. Helens provides help in cases of maternity, sickness, convalescence, old age and infirmity, or any emergency in the household due to illness.

At the 31st December, 1966, there were 107 part-time Home Helps working an average 26 hour week, representing an equivalent of approximately 63 whole-time Helps.

During the year the Home Helps attended 870 cases, 290 of whom were new cases and 580 old cases from previous years. An analysis of the cases dealt with is given below.

Table H.H.1.

Cases attended	No.	Approx. % of Total Cases	Full Time	Part Time	Recovery of Fees		Free
					Full Fee	Part Fee	
Maternity Cases							
Domiciliary Confinements....	13	1.5	10	3	5	8	—
Ante-natal Cases	14	1.6	—	14	9	4	1
Sickness and other Cases							
Chronic Illness	81	9.3	—	81	14	16	51
Acute Illness	5	0.6	—	5	3	—	2
Tuberculosis.....	2	0.2	—	2	—	1	1
Mental Illness	3	0.3	—	3	—	2	1
Old Age and Infirmity	719	82.7	—	719	101	101	517
Blind	33	3.8	—	33	—	3	30
Care of Young Children	—	—	—	—	—	—	—
Total	870	100.0	10	860	132	135	603

Home help service for the 290 new cases during the year was recommended by the following:

Welfare Services (including Pilkington Bros. and W.V.S.)	65
National Assistance Board	47
Health Visitors and Midwives	7
District Nursing Association	3
Hospitals	9
Personal application, neighbours and relatives	134
General Practitioners	12
Society for the Blind	11
Housing Department	2
	<hr/> 290 <hr/>

The following statement shows the domiciliary visits paid during the year:—

Number of primary visits to cases	.....	.....	.....	429
Number of return visits to cases	.....	.....	.....	1680
Number of visits to Home Helps	.....	.....	.....	290
				<hr/>
				2399
				<hr/>

The standard fee during the year for Home Help Services, as laid down by the Health Committee, was increased from 5/-d. to 5/3d. per hour on 10th January, 1966.

Once again during the year under review, there was a gradual expansion of the work of the service which showed an increase in the number of cases attended from 774 in 1965 to 870 in 1966. This brought in its train an increase in the establishment, and at the 31st December the establishment had been expanded from the equivalent of 56 whole-time Helps to 63.

The outstanding increase in work done was in the category of old aged and infirmity, and the bulk of these cases, and certainly those persons receiving state pensions, were attended free of charge.

It has been found that the average number of hours allocated to this type of case is approximately 4 hours per week, but it is suggested that this is below the minimum need which should more reasonably be placed at 6 hours per week. With the gradual increase in staff, as expected under the 10 year development plan, this target may be reached in the near future.

HOME HELP SERVICE

During the year, Ministry of Health Circular 25/65 was considered, and a review of the Home Help Service conducted with a view to presenting a report to the Minister. The following report to the Committee covered a number of the points which were approved to be put into operation.

This circular arises from an enquiry conducted by the Minister into representative Home Help Schemes throughout the country directed by various Local Health Authorities. He emphasises a number of general points and asks that Local Authorities take action on this and report back to him by the 30th June, 1966. Arising from this, a review of our local service has been made, and I would make the following comments and recommendations:—

(1) Assessment of Need.

The service should be expanded to keep pace with all demands falling within the scope of reasonable requirements. In St. Helens, a basic need of six hours per week has been adopted as a minimum standard, but it is true to say in times of great demand on the service, generally in winter months, that this minimum standard has had to be temporarily reduced.

I would suggest that this basic standard be maintained, and while at the present moment under the 10 year plan annual recruitment appears to be adequate to maintain this need, a special review should be undertaken in

the autumn and early winter of 1966 when the demand increases, to ensure this minimum should be maintained, especially with old people, throughout the winter months. The question of revision of charges is dealt with later in this report.

(2) Recruitment and Training.

In St. Helens, recruitment is patchy and is found to be difficult in the North Western area of the town, namely Newtown, Dentons Green and Windlehurst. At the same time, there is no general lack of recruits, and the type of person recruited is good. Extension of recruitment to younger people is constantly being attempted, but the number engaged is not yet high. It is possible that the institution of a training scheme may assist in this matter, and it is suggested that an annual training scheme be instituted to include the following:—

Training Scheme.

The following is a general outline of a simple course which would mainly be conducted by members of the staff for the Home Helps. The training would be within hours of employment and a certificate would be granted on completion of the course.

FIRST AID.

Home accidents—causes, prevention and treatment.

Infectious cases—hints on precautions to take and the prevention of spreading the infection.

Care of babies and children—laundry, especially baby clothes.

HOME CATERING.

Weekly menus of economical but nutritious meals.

(a) for a family;

(b) for one person.

Food values—Economical shopping in fresh foods.

Methods of—

(a) storage;

(b) use.

BUDGETING.

For (1) Families.

(2) Aged persons.

(3) Single persons.

The members of the Home Help Service are all part-time employees working an average 22 hours per week. They are at present issued with uniform overall and a working apron in the home.

(3) Good Neighbour or Neighbourly Help Schemes.

In St. Helens, since the inception of the service, a Good Neighbour scheme has always been cultivated and has been very successful. In fact, many cases are covered by a combination of neighbourly help together with appropriate assistance from the Home Help Scheme itself.

(4) Home Help Organiser.

The Home Help Organiser holds the certificate of the Institute of Home Help Organisers and she attends the Annual Conference of Home Help Organisers. Training Courses will be equally available to any other member of the staff requiring them.

(5) Charges.

The circular recommends that there is no good case for an arbitrary minimum charge to be made from all applicants, and notes that charges should not be made to persons on state-aided pensions or in receipt of National Assistance. In St. Helens, such cases have not been charged for many years, so that no adjustments need to be made here.

Experience in St. Helens has shown that cases of hardship arise where following the application of the assessment scale to the gross income a relatively high weekly charge falls to be paid.

Examples of this are—

- (1) Aged persons with a small private income which removes them from the category of state-aided persons (free) and places them in the category of assessment. The figure resulting following assessment is often outside their means of payment.
- (2) Any working class man with low average wage requiring help in the household during illness of mother or children where the financial assessment is a heavy strain on his available weekly cash resources.
- (3) There has been a constant decline in requests for Home Help for home confinements. The contention is made by Midwives and General Practitioners that the charge for the service is too high.

In the light of these examples, it is suggested that a review of charges might be considered by the Committee. At the present moment, total income is ascertained and this is reduced by a scale of personal allowance for each member of the family for rent and other outgoings. The resultant balance is used as a basis for fixing the final charge as follows:—

$$\text{Final Charge} \quad \left\{ \begin{array}{l} \frac{1}{3} \text{ first pound (or part) of balance.} \\ \frac{1}{2} \text{ second pound (or part) of balance.} \\ \frac{2}{3} \text{ third pound (or part) of balance.} \\ \text{Whole of remainder of balance.} \end{array} \right.$$

As noted above, this scale often results in a financial high weekly charge and it is now recommended that the scale should be a straight $\frac{1}{3}$ of the resultant balance after deducting the allowances from the total income. This new assessment scale has been discussed with the Finance Department, and it is felt that should it be adopted, many present borderline cases of hardship would be brought within the scheme. An estimate of the cost of this alteration to the Authority would be approximately £100 per annum.

XV.—INCIDENCE OF BLIND AND PARTIALLY SIGHTED PERSONS

Welfare of blind persons in St. Helens is the responsibility of the Welfare Services Committee of the Local Authority. Some of the activities in this sphere are undertaken on their behalf by the St. Helens and District Society for the Welfare of the Blind.

The Medical Officer of Health is responsible for arrangements for certification for registration.

During 1966, 66 completed forms B.D.8 were received by the Medical Officer of Health. Of these 46 related to blind persons and 20 to partially sighted persons.

(a) Registered Blind Persons.

On the 1st January, 1966, there were 253 persons registered as blind in St. Helens. During the year 45 new cases were added to the register (including 9 cases formerly classed as partially sighted persons) and 34 names were removed from the register due to death or transfer out of the Borough. Thus at the end of 1966 there were 264 registered blind persons in St. Helens. The following analysis gives the information as at 31st December, 1966, concerning the number of blind persons of both sexes according to age groups.

<i>Age Distribution</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Age under 1 year	—	—	—
1–10	1	1	2
11–15	1	—	1
16–20	1	1	2
21–29	2	2	4
30–39	6	6	12
40–49	11	8	19
50–59	18	12	30
60–64	6	11	17
65–69	10	13	23
70–79	40	45	85
80–84	13	24	37
85–89	10	13	23
	<hr/> 119 <hr/>	<hr/> 145 <hr/>	<hr/> 264 <hr/>

Educational and Occupational Distribution.

The following analysis shows the occupational states of the employed registered blind persons.

<i>Education</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
At School	2	—	2
Not at School	—	1	1
	<hr/> 2 <hr/>	<hr/> 1 <hr/>	<hr/> 3 <hr/>

<i>Employment—Workshops</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Age 16–20	—	—	—
21–39	3	—	3
40–49	1	1	2
50–59	6	1	7
60–64	—	—	—
65 and over	—	—	—
	—	—	—
	10	2	12
	—	—	—

<i>Employment—elsewhere</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Age 16–20	—	—	—
21–39	2	1	3
40–49	2	—	2
50–59	2	—	2
60–64	—	—	—
	—	—	—
	6	1	7
	—	—	—

Thus 19 were employed during the year (16 males and 3 females).

The following table indicates the different types of occupation of the 19 registered blind employed persons noted above:

<i>Occupation</i>	<i>Place of Employment</i>			<i>Total</i>
	<i>Workshops</i>	<i>House</i>	<i>Elsewhere</i>	
Basket Workers	4	—	—	4
Mat Makers	1	—	—	1
Brush Makers	3	—	—	3
Viewers, Inspectors, Testers	1	—	—	1
Labourers	—	—	1	1
Machine Knitters	2	—	—	2
Telephone Operators	—	—	1	1
Typists	—	—	2	2
Machine Tool Operators	—	—	3	3
Miscellaneous Workers	1	—	—	1
Chair Seaters	—	—	—	—
	—	—	—	—
	12	—	7	19
	—	—	—	—

The following table indicates the position of the remaining 242 unemployed Registered Blind persons with respect to training and capability for employment.

<i>Classification</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under Training	1	1	2
<i>Unemployed but capable of and available for work—</i>			
Already trained	4	—	4
Subject to being trained	1	—	1
Without training	—	—	—
Not available for work	9	23	32
Not capable of work	13	13	26
Not working (all over 65 years of age)	73	104	177
	<hr/> 101 <hr/>	<hr/> 141 <hr/>	<hr/> 242 <hr/>

50 of the persons registered as blind also suffered additional disabilities as indicated in the table below:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Mentally ill	1	1	2
Mentally sub-normal	3	—	3
Physically defective	8	12	20
Deaf without speech	—	—	—
Deaf with speech	1	2	3
Hard of Hearing	8	14	22
Physically defective and Deaf or Partially Deaf	—	—	—
	<hr/> 21 <hr/>	<hr/> 29 <hr/>	<hr/> 50 <hr/>

Of the 21 persons maintained in homes, 8 are in homes for the blind, 5 in other homes provided under Part III of the National Assistance Act, 1948, 2 in hospitals for mentally ill, 1 in hospital for mentally sub-normal, 4 in other hospitals and 1 in a residential home.

(b) Registered Partially Sighted Persons.

During the year 20 completed B.D.8 forms were received by the Medical Officer of Health in respect of partially sighted persons.

On the 1st January, 1966, there were 93 persons registered as Partially Sighted. 13 new cases were admitted to the register during the year. 21 names were removed from the register (12 deaths, 9 transferred to register of blindness). Thus at the 31st December, 1966, there were 85 persons registered as partially sighted within the Borough.

The following analysis gives the information concerning these persons by age groups—

<i>Age Distribution</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Age 5–15	2	1	3
16–20	3	1	4
21–49	13	7	20
50–64	3	1	4
65 and over	15	39	54
	—	—	—
	36	49	85
	—	—	—

Educational and Occupational Distribution.

The following analysis shows the different states of occupation of the 85 partially sighted persons—

(a) Persons over 16 years of age	<i>Males</i>	<i>Females</i>	<i>Total</i>
(i) Available for work	2	3	5
(ii) Not available for or not capable of work	5	14	19
(iii) Employed	5	1	6
(iv) Undergoing training	—	—	—
(v) Requiring observation only	22	30	52
	—	—	—
	34	48	82
	—	—	—

(b) Persons under 16 years of age	<i>Males</i>	<i>Females</i>	<i>Total</i>
(i) Attending Special School	—	1	1
(ii) Attending other Schools	2	—	2
(iii) Not at School	—	—	—
(iv) Ineducable	—	—	—
	—	—	—
	2	1	3
	—	—	—

Particulars of Cases Examined.

SOURCE OF NOTIFICATION.

Of the 50 persons for whom new Certificates B.D.8 were issued, ascertainment of these cases was as follows:—

	Blind	Partially Sighted	Sighted	Un-classified
Welfare Staffs (including Home Teachers for the Blind)	18	8	—	—
Own General Practitioner	5	3	—	—
Personal Request	1	1	—	—
Ministry of Social Security	1	—	—	—
Other Lay Source	6	1	—	—
Hospitals	2	—	—	—
Other Medical Source	3	—	—	—
Mental Health Department	1	—	—	—
Total	37	13	—	—

It will be seen that Welfare Department Staff were responsible for 26 of the 50 notifications received, and of those 26, 18 were found to be blind persons.

The following table shows the analysis of completed forms B.D.8 received by the Medical Officer of Health during 1966, in respect of Blind and Partially Sighted persons:

(i) Number of cases registered or re-examined during the year in respect of which para 7(c) of Forms B.D.8 recommends:	Cause of Disability							
	Cataract		Glaucoma		Retrolental Fibroplasia		Others	
	M	F	M	F	M	F	M	F
BLIND								
(a) No treatment	7	13	4	1	—	—	10	6
(b) Treatment (medical, surgical or optical)	3	—	1	1	—	—	—	—
PARTIALLY SIGHTED								
(a) No treatment	1	1	—	—	—	—	3	2
(b) Treatment (medical, surgical or optical)	5	8	—	—	—	—	—	—
(ii) Number of cases under (i) above which on follow-up action have received treatment:								
(a) Blind cases	2	—	1	—	—	—	—	—
(b) Partially sighted cases	5	8	—	—	—	—	3	2

Acknowledgment is made to Mr. A. S. Underhill, Chief Welfare Officer for the information contained in the above Section.

XVI.—GENERAL PROVISION BY THE HEALTH AND WELFARE SERVICES FOR THE CARE OF HANDICAPPED PERSONS INCLUDING EPILEPTIC AND SPASTIC PERSONS

The welfare provision for the care of handicapped persons, including epileptics and spastics, is undertaken by the Welfare Services Committee of the Council in accordance with the Scheme approved by the Ministry of Health on 24th May, 1954.

At the end of 1965 there were 454 persons substantially and permanently handicapped on the register. Twenty new registrations were effected during the year, 17 deaths occurred and 10 removals outside the Borough, making the resultant total of 447 at the end of December, 1966.

HANDICAPPED PERSONS

(a) Classification in relation to defect.

Details of the numbers and classification of known handicapped persons in St. Helens are given below. These are classified under the appropriate Medical Research Council code and the figures shown in parenthesis denote the numbers who suffer from dual disabilities.

Table H.P. 1
Details of registered handicapped persons in St. Helens
classified in accordance with disability.

DISABILITY	Code	Male	Female	Total
Amputation	A/E	23(2)	6	29
Arthritis and Rheumatism	F	10(2)	18(3)	28
Congenital Malformations and Deformities	G	17	9(2)	26
Diseases of the Digestive and Genito-Urinary Systems; of the Heart or Circulatory System ; of the Respiratory System (other than T.B.); and of the skin	H/L	78(7)	11	89
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Also injuries or diseases (other than T.B.) of the upper and lower limbs and of the spine	Q/T	64(10)	20	84
Organic Nervous Diseases— Epilepsy, Disseminated Sclerosis, Poliomyelitis, Hemiplegia, Sciatica, etc.	V	64(5)	40	104
Neuroses, Psychoses and other Nervous and Mental Disorders not included in V	U/W	24	10(2)	34
Tuberculosis (Respiratory)	X	10(1)	3(1)	13
Tuberculosis (Non-Respiratory)	Y	2	1	3
Diseases and Injuries not specified above	Z	29(—)	8(1)	37
Totals		321(27)	126(9)	447

The Welfare Services Department act as a liaison between statutory and voluntary services so that the registered handicapped persons derive maximum benefit. A Social Centre for handicapped persons was opened at the Congregational Hall, Brook Street, on the 18th March, 1957. At the end of 1966 there were 44 handicapped persons on the attendance register and the average weekly attendance was 25.

During the year under review the handicapped persons attending the Centre showed a marked preference for social activities, although a minority showed an interest in handicrafts.

During the summer the handicapped persons were invited to an outing to Blackpool. During the Christmas period the handicapped persons attending the Centre were invited to a Carol Service at Liverpool Cathedral and a Pantomime in Manchester. The Christmas Party was held at Rivington Pike, when the handicapped people joined in with the aged persons from the Homes in St. Helens to enjoy one combined party for all. The Welfare Services Committee provided each registered handicapped person who attended the Centre with a Christmas gift. Three taxis are provided weekly to transport the more severely disabled persons to the Centre.

(b) **Grouping in relation to employability.**

The following table H.P.2 shows the grouping of the handicapped persons in relation to their employability. These are classified by sex in the five recognised employability groups.

Table H.P.2

Age Group	Employability	Code	Male	Female	Total
Persons aged 16 & upwards	Capable of work under ordinary industrial conditions	A	187	32	219
	Incapable of work under ordinary industrial conditions but mobile and capable of work in sheltered workshops	B	65	26	91
	Incapable of work under ordinary industrial conditions and insufficiently mobile for work in sheltered workshops but capable of work at home	C	7	9	16
	Incapable of or not available for work	D	61	59	120
Children under the age of 16 years	Whose needs are likely to be met under other enactments but for whom the L.A. have a general responsibility under S.29 of the National Assistance Act, 1948	E	1	—	1
Totals			321	126	447

Transport.

Motorised tricycles and hand-propelled wheelchairs, together with garages, are provided free of charge by the Ministry of Health. The St. Helens Welfare Services Committee provide the concrete base for the garage and the

Ministry of Health pay £15 towards the cost. Should further adaptations to the site be necessary these can be carried out by the Welfare Department, and it is a matter of regret that the Welfare Committee are under an obligation to make an assessment towards the recovery of the costs incurred. On the occasions when the adaptations are carried out privately by the disabled person he has to meet the entire cost.

Adaptations.

During the year adaptations were carried out at the homes of four handicapped persons to enable them to live more normal lives in their own surroundings. Gadgets can be purchased to assist the handicapped in overcoming their disability. Approval is in all cases required from the handicapped persons General Practitioner.

Wheelchairs.

Wheelchairs are available on loan from the Welfare Services Department for a limited period. No charge is made for this service.

Car Badges for Severely Disabled Drivers.

Application for car badges are received at the Welfare Services Department from disabled persons who suffer from a permanent and substantial disability that causes severe difficulty in walking.

Epileptics.

During the year ten epileptics were in accommodation provided by the Welfare Authority. Of these, four males and three females were in colonies administered by Voluntary Organisations and two males and one female in accommodation administered by the Local Authority. There were thirty-six known cases of epilepsy registered with the department. Of these, twenty-six were males and ten females.

Table H.P. 3
Number of Registered Epileptics under
Classification V of Table H.P.1

	Employed	Unemployed	Total
Males	5(1)	21(4)	26
Females	1	9	10
Total	6	30	36

CO-ORDINATION OF THE WELFARE OF
AGED PERSONS

Since 1954 the Welfare Services Committee of the Council has operated a Scheme for the Care of the Aged living within the Borough. During the year under review a further 124 elderly persons were registered, 97 deaths were recorded of the registered aged, and 7 aged persons left the district to live with relatives.

On the 31st December, 1966, the department was responsible for the welfare of 1,545 elderly persons. Of these, 220 were in residential care, 169 Deaf or Hard of Hearing, 242 Registered Blind or Partially Sighted, 3 were visited by visitors from voluntary organisations and the remaining 911 were visited in their homes by officers of the Welfare Department.

During 1966 the staff of the Welfare Department made 5,258 visits to the elderly, together with 29 visits by voluntary organisations. The elderly blind were visited in hospital by the Home Teachers and the elderly deaf in hospital were visited by the Chaplain for the Deaf.

Residential Accommodation.

During the year 1966, 61 of the elderly persons known to the department became in need of care and attention and were admitted into residential accommodation, 8 having to be placed outside the Borough whilst the remaining 53 were provided with accommodation in local homes. During the year under review 7 aged persons were admitted to the Council's homes for a temporary period to enable their relatives who would normally care for them at home to partake of annual holidays or to enter hospital. There are now 220 persons in Part III Accommodation, all of whom are visited at least once per year by the Welfare Services Visiting Sub-Committee.

The following table indicates the placement of persons in residential accommodation provided in compliance with Section 21 (1) (a) of the National Assistance Act, 1948.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
St. Helens County Borough Council	71	91	162
Other Local Authorities	5	—	5
Voluntary Organisations	30	23	53
	<hr/> 106	<hr/> 114	<hr/> 220

Other Services

As a result of regular visiting of the aged, many instances came to light where the needs could only be met by the National Assistance Board, nationalised undertakings, various Corporation Departments or Voluntary Organisations. The co-operation of the Welfare Department with all these services is a regular feature of the Scheme and in this manner the varying needs of the aged can be satisfied.

I should like to express appreciation to the General Practitioners who have willingly advised and sought the assistance of the department concerning their patients' welfare, also to the Clergy who have at all times attended to the spiritual needs of the elderly whenever cases have been brought to their attention.

Meals on Wheels

The Meals on Wheels Service commenced in 1956, and the meals are prepared at the Council's homes and the Town Hall canteen and are delivered over four days per week. During the year under review, Moss Bank Home prepared 3,827 hot meals, Nutgrove Hall Home 3,820 hot meals, Ashtons Green Home 3,928 hot meals and the Town Hall canteen 2,080 hot meals, making a resultant total of 13,655 meals.

Transport is provided from three sources—the Rotary Club of St. Helens distributing from Nutgrove Hall Home, the W.V.S. van distributing from Moss Bank Home, and the Town Hall canteen. On those days when the W.V.S. van is engaged at the Town Hall canteen, delivery from Moss Bank Home is effected by paid taxi service. Distribution from Ashtons Green Home is also by paid taxi service. The Welfare Services Committee make an annual grant to the W.V.S., who organise the service, for reimbursement of transport facilities. The charge per meal to the elderly was maintained at 1s. 0d. per meal and the traditional Christmas fare was again available without cost to the recipient.

Launderette Service

The concessionary service available through the Bendix Launderette was continued during the year under review. This entitles pensioners to use the service at off-peak periods at a special reduced rate of 2s. 3d. per 9 lbs. washing load. The service is available once per fortnight on Thursdays and Fridays at each of the Town's launderettes. In the case of housebound elderly persons who cannot attend at the launderette personally, ladies of the W.V.S. collect and deliver laundry and during the year over 1,000 collections were made.

Protection of Property

Where an elderly person is admitted to hospital and no suitable arrangements can be made by the patient for the protection of the moveable property contained in the house, protection can be undertaken by this department. On the death of an elderly person, where no satisfactory arrangements had otherwise been made, the burial was undertaken by the Committee.

Wheelchairs

The department has fourteen wheelchairs which are available for use by aged and infirm persons or for loan to relatives who wish to take their parents out during holiday periods. The service is free and all that is asked is that the chairs are maintained in good condition when in use. During the year the chairs have been continually in use.

Pre-paid Postcards

As each pensioner is registered they are issued with a pre-paid postcard in order to summon assistance before the next visit is due by the visitor. During the year many of the registered persons returned their card to the department for various needs and degrees of urgency.

Acknowledgement is made to Mr. A. S. Underhill, Chief Welfare Officer, for the information contained in the above section.

XVII.—INSPECTION AND SUPERVISION OF FOOD

Meat and Other Foods. The inspection and supervision of all meat at the Public Abattoir is carried out by qualified meat inspectors.

Table S.I.1.
CARCASSES INSPECTED DURING 1966.

	PUBLIC ABATTOIR					
	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Goats	Pigs
Number killed	3942	2508	4	11588	—	13681
Number inspected	3942	2508	4	11588	—	13681
Condemned:—						
(a) All diseases except Tuberculosis and Cysticerci—						
(i) Whole carcasses condemned	—	5	2	—	—	51
(ii) Carcasses of which some part or organ was condemned	725	1171	—	3151	—	6258
(iii) Percentage of number inspected affected with disease other than tuberculosis	18.4%	46.7%	50%	27.2%	—	45.7%
(b) Tuberculosis only:—						
(i) Whole carcasses condemned	—	—	—	—	—	—
(ii) Carcasses of which some part or organ was condemned	—	—	—	—	—	14
(iii) Percentage of the number inspected affected with tuberculosis	—	—	—	—	—	0.1%
Cysticercosis:—						
Carcasses of which some part or organ was condemned	—	—	—	—	—	—
Carcasses submitted to treatment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Table S.I.1 gives details of the results of such inspection.

Under the Slaughter of Animals Act, 1958, 22 slaughtermen's licences were renewed for the year ended 31st December, 1966, and 1 new application for a slaughterman's licence was approved.

At the end of the year, 190 premises were registered under Section 127 of the St. Helens Corporation Act, 1933, for the preparation or manufacture of potted, pressed, pickled or preserved meat, fish, or other food intended for the purpose of sale.

During 1966, 8,254 visits were made by Inspectors to shops, stalls and other places where food is prepared or stored.

Merchandise Marks Act, 1926 and Orders.—Infringements of the Merchandise Marks Orders were dealt with by verbal warnings.

Food Hawkers.—Section 47 of the St. Helens Corporation (Electricity and General Powers) Act, 1948, requires the registration of any person (other than a person keeping open shop) who sells, offers or exposes for sale food from any vehicle or receptacle. The section also requires the registration of storage accommodation for any food intended for any of these purposes.

At the end of the year 85 persons and 86 separate sets of premises were registered under this section.

Food and Drugs Act, 1955.

Food Hygiene (General) Regulations, 1960, and Clean Food Campaign.

During 1966, the supervision of plans for alterations to food premises was continued.

The routine inspection of food shops under the Offices, Shops and Railway Premises Act, 1963, was continued to be carried out by the Food Hygiene Inspectors.

Due to the unfortunate death of the former Food and Drugs Inspector, the sampling work, started as a temporary measure with the Food Hygiene Inspectors, was made permanent. Sampling was now carried out on a rota system by the three Food Hygiene Inspectors instead of two. This arrangement proved satisfactory, each inspector carrying out sampling on his own district on a monthly system.

The re-equipping and modernisation of school canteens and dining centres was nearing completion by the end of the year.

Poultry Inspection

There are no poultry processing plants in the Borough.

Attention is paid to all poultry being retailed at the time of the routine visits to food shops.

The following table indicates the position in regard to the provision of washing facilities (Regulation 16) and sinks (Regulation 19) in food premises in the Borough.

Washing Facilities

Type of Premises	Number	No. complying with Reg. 16	No. to which Reg. 19 applies	No. complying with Reg. 19
Grocer/General Shops	383	337	350	322
Sweet Shops	67	61	—	23
Butchers	74	69	74	73
Confectioners	57	50	57	54
Greengrocery and Wet Fish Shops	58	51	58	56
Registered Clubs	63	63	63	63
Licensed Premises	174	169	168	168
Fried Fish Shops.....	74	70	74	74
Snack Bars and Cafes, etc.	43	43	43	43
Industrial Canteens	47	47	47	47
School Canteens	42	41	42	42
Food Preparing Premises	22	22	22	22
Food Warehouses	16	14	16	16
Market Stalls	42	37	36	33
Bakehouses	40	40	40	40

Premises registered under Local Acts.

The following are the particulars of food premises in the Borough registered under local Acts together with the numbers of inspections made in respect of each of these classes of premises:—

	No. of Premises	No. of Inspections
(a) St. Helens Corporation Act, 1933—Section 127—Premises used for the preparation or manufacture of potted, pressed, pickled or preserved meat, fish or other foods	190	1077
(b) St. Helens Corporation Act, 1933—Section 133—		
(1) Premises used for the manufacture and sale of ice cream	3 } 230 }	370
(2) Premises used for the sale of ice cream		
(c) St. Helens Corporation (Electricity and General Powers) Act, 1948—Section 47. Premises used by hawkers of food as storage accommodation	86	66

Premises registered under Milk and Dairies (General) Regulations, 1959.

Premises used as dairies.....	11	398
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Disposal of Condemned Food.

Condemned meat and offals from the Public Abattoir are disposed of to a firm of animal foodstuffs and fertilisers manufacturers. This firm has given a guarantee that no raw meat will be sold to pet shops and that adequate steps will be taken for preventing the meat from getting into unauthorised hands. All condemned meat and offals are treated with a suitable colouring agent before release from the Public Abattoir.

Other classes of condemned foodstuffs are dealt with by treatment with disinfectant for the purpose of rendering them unmarketable, and along with canned goods are conveyed to the municipal refuse tip and buried. Strict supervision is maintained.

The following are the total quantities of various classes of foodstuffs which were condemned during the year at the abattoir, or in shops, etc., owing to being diseased or unsound:

Meat	.....	85,176 lbs.
Canned Goods	.....	8,031 lbs.
Fish	.....	— lbs.
Vegetables	.....	— lbs.
Miscellaneous Foodstuffs	.....	154 lbs.
		<hr/>
		93,361 lbs.
		<hr/>

MILK AND MILK PRODUCTS

Milk and Dairies (General) Regulations, 1959.

At the end of the year there were registered under these Regulations:

- 11 persons as distributors of milk from dairy premises;
- 243 persons as distributors of milk in sealed bottles only from shops; and
- 11 premises as dairies.

Most of the milk received into dairy premises in St. Helens is delivered to those premises in sealed bottles. The administration of these Regulations does not now, therefore, constitute a serious problem.

398 visits were paid by the Public Health Inspectors to these premises during the year.

Milk (Special Designation) Regulations, 1963.

The Milk (Special Designation) (Amendment) Regulations, 1965.

The following licences were in operation during the year under these Regulations:—

Dealers' Licences authorising the use of the special designation	
“STERILISED”	276
Dealers' Licences authorising the use of the special designation	
“PASTEURISED”	153

Dealers' Licences authorising the use of the special designation "ULTRA HEAT TREATED"	19
Dealer's (Pasteuriser's) Licence authorising the use of the special designation "PASTEURISED"	1

Biological Examination of Milk.—In the routine examination of milk supplies 28 samples were examined by guinea-pig inoculation for the presence of tubercle bacilli. All were reported negative. 36 samples were also examined for brucella abortus. All were reported negative.

Bacteriological Examination of Milk.—In addition to the samples of milk taken for examination for tubercle bacilli, 36 samples of untreated milk were also taken for the methylene blue reduction test. The results of these examinations showed that 6 samples failed to satisfy the Methylene Blue Test required by the Regulations.

132 samples of pasteurised milk were also examined for the methylene blue (30 minutes) test. 1 sample failed to satisfy the test.

Examination of Milk for the presence of Phosphatase.—132 samples of milk were also examined during the year for the presence of phosphatase. All the samples passed this test.

Turbidity Test for Sterilised Milk.—During the year 50 samples were submitted for this test. All were reported to be satisfactory.

Colony Count for Ultra Heat Treated Milk.—2 samples were taken for this test. Both were reported satisfactory.

Milk-in-Schools Scheme.—All milk now supplied to schools under the Milk-in-Schools Scheme is milk for which a pasteuriser's licence has been granted. Careful supervision is exercised by the Public Health Inspectors and frequent samples are taken for chemical examination and for examination for bacterial contamination.

The number of samples taken during 1966 and the results are as follows:

1. Samples taken for chemical analysis	37
Number reported below standard	nil
2. Samples examined for bacteriological cleanliness	5
Number reported to be unsatisfactory	nil
3. Samples examined for the presence of tubercle bacilli	1
Number in which tubercle bacilli was found	nil

Sampling of school milks was integrated in the general system of milk sampling as from the 1st July, 1966.

Bacteriological Examination of Cream

In conjunction with the Public Health Laboratory the Methylene Blue Test was applied to 25 samples of cream.

17 samples were reported as unsatisfactory.

Once again the results in regard to samples of cream, indicate that not enough attention is being paid to the bacteriological quality of this food. Either the Methylene Blue Test is not satisfactory as a means of indicating this quality or else the product is in urgent need of cleaning up bacteriologically. As the cream in many cases is double pasteurised an unsatisfactory result should be a rarity providing that transportation and distribution are satisfactory. At a time when extensive advertising of cream as a food is being undertaken, the sampling results do not justify this food being priced in the luxury class.

It is obvious that more clarification of the bacteriological condition of cream is required and more sampling of this commodity is necessary.

Ice Cream Premises.—The following are the particulars at the end of the year of registrations under the St. Helens Corporation Act, 1933, of manufacturers and vendors of ice cream and the premises used by them:—

Manufacturers and Vendors	.....	.....	.....	.....	.....	.....	.....	3
Vendors only	.....	.....	.....	.....	.....	.....	.....	204
Premises for manufacture and sale	.....	.....	.....	.....	.....	.....	.....	3
Premises for sale only	.....	.....	.....	.....	.....	.....	.....	231

The 204 vendors mentioned above sell ice cream in wrapped packages only.

72 samples of ice cream were taken during the year for bacteriological examination by the Methylene Blue Test. These samples were taken from manufacturers and vendors whose premises are situate both inside and outside the Borough.

Results of Ice Cream Sampling

	Grade 1	Grade 2	Grade 3	Grade 4
Producers outside the Borough	12	3	1	1
Producers inside the Borough	30	13	6	6
	42	16	7	7

A number of vehicles equipped to sell soft ice cream have commenced trading in the Borough. This type of retailing necessitated the quality of the ice cream being allied to each vehicle due to the freezing of the product in transit and the need for individual sterilisation of the plant before and after use in the vehicle. 7 samples were taken for bacteriological examination and were reported satisfactory.

46 samples of Lolly Ices were taken during the year for bacteriological examination and were reported to be satisfactory.

The comparator test with litmus paper was applied during the year to 46 samples of ice lollies as a check on their pH. value.

All vehicles used for the sale of ice-cream are provided with satisfactory supplies of hot and cold water and suitable washing facilities.

During the year, 240 visits of inspection were made to ice cream premises in St. Helens.

FOOD AND DRUGS.

Food and Drugs Act, 1955.—During 1966, 99 formal samples and 235 informal samples of various foods and drugs were submitted to the Public Analyst, and 5 (2.1 %) were reported as adulterated.

During the year eleven offenders were officially warned by the Local Authority in respect of various foreign matter being reported in different foodstuffs.

The Public Analyst examined six samples of untreated milk for the presence of antibiotics. All were reported negative.

Complaints were received on nineteen occasions in respect of food. In each case the complaints were fully investigated and appropriate action taken with the persons responsible.

Whilst the routine sampling of certain foodstuffs for pesticidal residues had been carried out for a number of years, in 1966 a national sampling scheme was formulated under which the Local Authority agreed to take seventeen samples. This scheme was carried out in conjunction with Lancashire County Council. No samples were required to be taken in 1966 under this scheme.

The Condensed Milk Regulations, 1959.

The Dried Milk Regulations, 1965.

No infringements of these Regulations were found during the year.

Preservatives in Food Regulations, 1962.—All samples submitted to the Public Analyst under the Food and Drugs Act, were also examined for the presence of preservatives.

The Liquid Egg (Pasteurisation) Regulations, 1963.

There are no egg pasteurisation plants in the Borough. 1 sample was taken during the year. These regulations would appear to present no great problem locally due to the high number of premises using shell eggs and the rest using British Lion Brand. No imported liquid egg was in use during the year.

Fertilizers and Feeding Stuffs Act, 1926.—8 samples of fertilizer were taken under the above Act during the year. All were reported satisfactory.

Pharmacy and Poisons Act, 1933.—At the end of the year there were 35 persons entered in the Local Authority's list of persons entitled to sell poisons included in Part II of the Poisons List. The number of premises concerned was 59.

109 visits were paid to these premises and no infringements of the Act were found.

Pharmacy and Medicines Act, 1941.—No infringements of this Act were found during the year.

Bakehouses.—There are 40 bakehouses in St. Helens and mechanical power is employed in 40 instances.

316 visits of inspection to these premises were made during the year.

DISEASES OF ANIMALS ACTS.

Tuberculosis Order, 1964.—No cases under this Order were reported during the year.

Anthrax.—Two suspected cases of Anthrax were reported but not confirmed.

Swine Fever.—No cases of suspected Swine Fever were reported.

Foot and Mouth Disease.—No cases of Foot and Mouth Disease were reported during the year.

Fowl Pest.—No cases of Fowl Pest were reported during the year.

XVIII.—SANITARY CIRCUMSTANCES OF THE AREA.

WATER.—The water supply is from deep wells and boreholes in new red sandstone at Eccleston Hill, Whiston, Knowsley, Kirkby and Melling, supplemented by a supply from the Liverpool Corporation Rivington Main, and water from red sandstone above the coal measures at Clock Face and Collins Green. The water from the last-mentioned source is subjected to chlorination and high pressure filtration before distribution.

Water

- (1) The construction of a permanent bore hole at Randalls Bridge (adjacent to the East Lancashire Road) is now being proceeded with. Tenders are also being invited for the laying of a 15" diameter water main from Randalls Bridge to the Knowsley Pumping Station to enable the water to be treated at the new treatment works. It is hoped that this bore hole will yield approximately 1.75 million gallons per day.
- (2) The new treatment works at Knowsley Pumping Station have been in full operation since June, 1966, and provide softened water to the Brown Edge Reservoirs, Eccleston, northern area of St. Helens and Districts of Rainford and Billinge.
- (3) Six hundred yards of 18" diameter, and one thousand yards of 12" diameter water main have been laid in Prescott Road, St. Helens as a duplication of the existing trunk main from the Eccleston Hill Pumping Station. This work was carried out to bring more water into the town and increase the water pressures in the town centre.
- (4) Two thousand, four hundred yards of 15" diameter, six hundred yards, 10" diameter, and seven hundred yards 8" diameter water main have been laid in the Whittle Street, Cairo Street, Elm Road and Dorothy Street areas in connection with the proposals to supply water to the Sutton Heath and Dorothy Street housing sites which are part of the High Level area.
- (5) The following new water mains have been laid in the St. Helens area during 1966:

<i>Location</i>	<i>Size</i>	<i>Length in yards</i>
Dunriding Lane	3"	12
Grafton Street	3"	30
Merton Bank Road	3"	346
	6"	42
Sutton Heath Road	3"	185
	4"	297
Warrington Old Road	3"	16
	12"	15
Westfield Street	8"	20
Corporation Street	12"	53
Ilfracombe Road.....	6"	44
Radley Street	3"	30
St. John Street	3"	28
	4"	21

<i>Location</i>	<i>Size</i>	<i>Length in yards</i>
Walkers Lane	4"	262
Broadway, Grange Park	6"	56
Jubits Lane	6"	413
Leach Lane	3"	148
	4"	1,063
	6"	176
	8"	18
Leonard Street	3"	76
Sherdley Road	4"	66
Springfield Road	3"	12
Washway Lane	6"	12
Denbigh Avenue	3"	103
Baxters Lane	3"	45
Abbey Road	3"	6
Boundary Road/Eccleston Street	6"	30
Coniston Grove	3"	20
Copperas Walk	4"	40
Inner Ring Road	8"	14
Langdale Grove	3"	48
Parkside Avenue	4"	42
Birch Tree Avenue	3"	16
Deepdale Avenue	4"	148
New Street	4"	274
	6"	42
Sandringham Drive	3"	10
Scholes Lane	6"	12

The decision of the Council not to conduct fluoridation of the water supplies remained unaltered during the year.

Some 31,889 dwelling houses in the Borough (population 103,780) were supplied direct from public water mains throughout the year. There are no stand pipes in the area.

The supply has been satisfactory in both quality and quantity throughout the year. Bacteriological examinations of the water were made at regular intervals at the sources of supply, and at the reservoirs prior to distribution into supply, in all cases after chlorination. The number of samples examined during the year was 524, and all proved to be satisfactory.

In addition, 18 samples of tap water were submitted by the Public Health Inspector's Department for bacteriological examination.

70 samples of water taken for chemical analysis were reported satisfactory.

The water supplied has no plumbo-solvent action.

Owing to the small amount of fluoride present and the cost per sample involved, no samples were taken during the year.

All supplies are chlorinated before distribution.

RIVERS AND STREAMS.—The supervision of rivers and streams in St. Helens is carried out by the Mersey and Weaver River Board.

DRAINAGE AND SEWERAGE

During the year work has proceeded on the following schemes:

(a) Main Intercepting Sewer—Peasley Cross Section

The reconstruction of the whole of the foul and surfaces water drainage system in Peasley Cross Lane/Warrington Old Road areas was completed during the year and the whole of the equipment ordered for the proposed new foul sewage pumping station. The Civil Engineering contract for this station has been let and work is expected to start in April, 1967. When completed the whole scheme will provide foul and surface water sewerage facilities for the new Peasley Cross Industrial Site and for the new Peasley Cross works of United Glass Limited, also eliminating the habitual flooding of Peasley Cross Railway Bridge, so far as this has been due to the adverse effects of mining subsidence on the main drainage system.

(b) Thatto Heath Intercepting Sewer

The reconstruction of the combined sewer from Liverpool Road to Thatto Heath is proceeding and was approximately 75 % completed by the end of 1966. On completion this will provide a new sewerage system for the Thatto Heath area, the existing sewers from which area are heavily overloaded at storm time, causing flooding in the Alexandra Drive, Whittle Street and Silkstone Street areas.

(c) Moss Bank Sewerage Works Abandonment

The construction of the Moss Bank Carrier Sewer was completed in 1966, and the sewage disposal works at Moss Bank has been abandoned. The flow has been diverted to the Haresfinch Intercepting Sewer for treatment at Parr Sewage Works.

(d) Private Development

Foul and Surface Water drainage facilities have been provided by private developers to drain some 830 new properties in the Borough.

CLOSET ACCOMMODATION.—At the end of 1966 there were still in use 39 privy middens serving 59 premises, and 100 pail closets serving 85 premises.

PUBLIC CLEANSING

Refuse Collection

A further two compression type refuse collection vehicles were put into use during 1966, making the total number of this type now in use eight. Further bulk storage containers were issued during the year and the total now in use is 133.

Street Cleansing

One of the Sweeper/Collector vehicles has now been replaced by a Suction/Assisted vehicle. This is equipped with dual control to enable it to operate with the flow of traffic on both sides of the road in one-way traffic flow and dual carriageways. The use of mechanical equipment for chemical weed spraying has been used to an increased extent during the year.

The total refuse collected in the Borough was disposed of by controlled tipping at the Southport Street site.

HOUSE REFUSE ACCOMMODATION.—The scheme for the provision and maintenance of dustbins and the abolition of ashpits is now in operation throughout the Borough.

Staff shortage again seriously curtailed that part of the programme dealing with the abolition of fixed ashpits. By the end of the year 211 ashpits serving 387 houses had been demolished or converted under the scheme.

TAYLOR PARK PADDLING POOL.—10 samples were taken of the water in this pool for bacteriological examination. Treatment of the water was carried out at intervals throughout the summer months under the supervision of the Public Health Inspector's Department. 7 samples were also taken of the water in the boating pool, which is used for swimming during the summer months.

SWIMMING BATHS — BOUNDARY ROAD.—During the year samples have been submitted for bacteriological examination at weekly intervals and for chemical analysis at three monthly intervals. The condition of the water has continued to be satisfactory.

In addition, 18 samples were taken by Public Health Inspectors and proved to be satisfactory.

ATMOSPHERIC POLLUTION.—For the measurement of atmospheric pollution in St. Helens, the following observation stations are now maintained:

Albion Street Clinic	.....	.....	.....	8-port Valve Smoke and SO ₂ Sampler
Public Health Inspector's Office, Hardshaw Street	.....	.....	.....	do.
Carr Mill Clinic	.....	.....	.....	do.
Sutton Library	.....	.....	.....	do.
Thatto Heath Library	.....	.....	.....	do.
Jersey Street Clinic	.....	.....	.....	do.

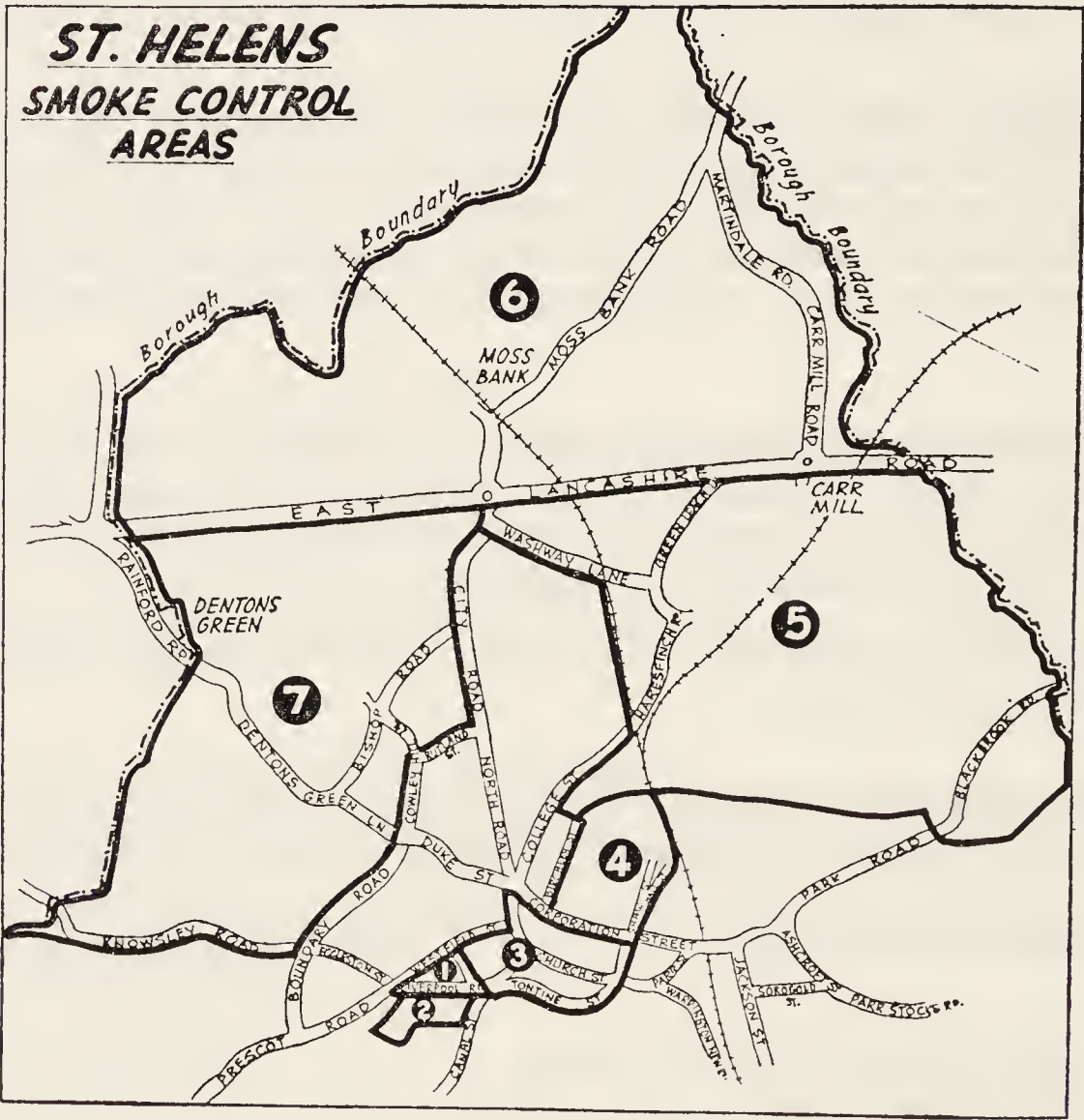
The first three stations are maintained in conjunction with the National Survey of Atmospheric Pollution being investigated by the Department of Scientific and Industrial Research. A fourth instrument required under the Survey has not yet been installed due to the lack of a suitable building on the site required. 784 observations were taken of industrial chimneys and 38 visits to boiler plants were made during the year.

SMOKE CONTROL

Further progress was made during 1966 on the three year programme shown in the following table for declaring Smoke Control Areas in the Borough.

	Orders to be made during 1965	Orders to be made during 1966	Orders to be made during 1967	3 year target
Area Nos	1, 2, 3, 4	5	6	
Total Premises	1778	2359	2708	6845
Dwellings	1297	2334	2698	6329
Acreage	137.55	714.58	1148.78	2000.91

The following map indicates the areas concerned:—



In 1966, Smoke Control Orders Nod. 1, 2, 3 and 4 were confirmed by the Minister and came into operation on the 1st December, 1966. By that date all necessary adaptations to firegrates in the areas had been completed and the response from the public in this respect was very gratifying. Very few instances of smoke being emitted were observed after the date of operation and these were verbally dealt with.

The time spent on preliminary administration proved its worth when dealing with the public and contractors reducing routine work to a minimum.

Survey work on the St. Helens No. 5 and 5a Smoke Control Areas was completed during the year and the No. 5 Area was declared by the Public Health Committee on the 16th December, 1966. In addition, survey work had commenced on the No. 6 Smoke Control Area.

Factories.—15 defects were reported by H.M. Inspector of Factories during the year. A total of 439 visits of inspection were made to factories during 1966.

Table S.I.2. gives particulars of the administrative action taken under the Factories Act, 1961.

Table S.I.2.

PART I OF THE ACT

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	30	58	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	337	381	22	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	15	—	—	—
TOTAL	382	439	23	—

2.—CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered at the premises on two, three or more separate occasions they are reckoned as two, three, or more "cases").

Particulars	No. of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	2	—	—	1	—
(b) Unsuitable or defective	272	8	—	12	—
(c) Not separate for sexes	2	—	—	2	—
Other offences against the Act (not including offences relating to Outwork)	2	—	3	—	—
TOTAL	278	8	3	15	—

PART VIII OF THE ACT
OUTWORK
(Sections 133 and 134)

Nature of Work	SECTION 133			SECTION 134		
	No. of out-workers in August list required by Sec 113(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices Served	Prosecutions
Wearing apparel— making, etc.	—	—	—	—	—	—
Paper bags	—	—	—	—	—	—
TOTAL	—	—	—	—	—	—

SANITARY INSPECTION OF THE AREA.—The total number of visits made by the Public Health Inspectors was 51,070. The nature of these inspections is shown in Table S.I.3, and Table S.I.4 contains a list of notices served and the results of such notices.

TABLE S.I.3.

Number and Nature of Inspections made during 1966.

Complaints investigated	1,849
Dwellinghouses inspected	4,434
Visits to work in progress	6,584
Overcrowding	155
Common Lodging Houses	13
Houses in multi-occupation	25
Pigstyes	67
Waste Foods Order	21
Middensteads	8
Ashes Receptacles	62
Conversions	37
Insufficient Water Supply	1
Public Sanitary Conveniences	41
Places of Public Entertainment	34
Tents, Vans and Sheds	108
Hairdressers and Barbers' Premises	347
Brokers	24
Smoke Observations	784
Atmosphere Pollution Gauges	742
Tips and Spoilbanks	178
Vermin Infestation	5,897
Rodent Infestation	6,489
Testing Drains:	
By Smoke	84
By Coloured Water	42
By Breaking Down	34
Factories Act, 1937:	
With Mechanical Power	381
Without Mechanical Power	58
Outworkers	—
Food Hygiene:	
Bakehouses	316
Carried forward	28,815

TABLE S.I.3—continued
Number and Nature of Inspections made during 1966.

	Brought forward	28,815
Confectioners	.....	418
Sweet Shops	.....	365
Fried Fish Shops	.....	299
Fishmongers Shops	.....	166
Greengrocers Shops	.....	849
Butchers Shops	.....	968
Grocers and General Shops	.....	1,970
Canteens	.....	360
Restaurants	.....	120
Cafés	.....	184
Public Houses, Licensed Clubs	.....	771
Food Preparing and Storage Places	.....	1,077
Food Hawkers Premises	.....	18
Food Hawkers Vans	.....	48
Food Poisoning Enquiries	.....	33
Visits re Unfit Food	.....	193
Dairies and Milk Shops	.....	398
Ice Cream Premises	.....	240
Market Stalls	.....	278
Samples:		
Milk	.....	178
Ice Cream	.....	120
Ice Lollies	.....	46
Other Foods	.....	14
Water	.....	79
Food and Drugs	.....	172
Milk	.....	160
Fertiliser and Feeding Stuffs Samples	.....	9
Merchandise Marks Act	.....	72
Pharmacy and Poisons Act	.....	109
Schools	.....	441
Offices, Shops and Railway Premises Act, 1963	.....	4,911
Slum Clearance Premises	.....	390
Certificates of Disrepair:		
Inspections	.....	124
Re-inspections	.....	69
Improvement Grants:		
Discretionary Grant	.....	182
Standard Grant	.....	64
Re-inspections	.....	97
Smoke Control Areas:		
Inspections	.....	1,204
Re-inspections	.....	322
Improvement Areas:		
Inspections	.....	5
Re-inspections	.....	6
Noise Observations	.....	89
Dust Observations	.....	48
Pet Animals Act	.....	17
Animal Boarding Establishments Act	.....	8
Permitted Number	.....	58
Miscellaneous (Interviews, etc.)	.....	3,644
Number of Food Hygiene Contraventions Removed	.....	756
Bacteriological sample of Liquid Egg	.....	7
Chemists	.....	28
General Food Inspection	.....	8
Midden Conversions	.....	18
O.S.R. items abated	.....	36
Animal Food	.....	3
Bread Delivery Vans	.....	4
Public Baths	.....	1
Hospitals	.....	1
	Total	51,070

Table S.I.4.

Number of defects for which notices were served during 1966, and notices complied with during the year (including outstanding notices from previous year)

Subject of Notices	Preliminary Notices	Statutory Notices	Number complied with
Dampness arising from defective roofs, eaves-gutters, rainwater pipes and pointing	1129	730	830
Defective and choked drains, closets, cesspools, etc.	349	103	292
Absence of proper sink	58	35	60
Unsatisfactory yard paving	35	20	13
Filthy or verminous condition of premises	6	—	10
Accumulation of manure and offensive matter	22	—	25
Other housing defects	1110	616	895
Excessive emissions of smoke	7	5	4
Miscellaneous	2	1	—
Contravention of:			
Factories Act, 1961	26	—	—
Food Hygiene Regulations, 1960	1274	—	1736
Unauthorised use of land for camping purposes	—	—	—
Clean Air Act, 1956	6	—	—
	4024	1510	3865

Referred to other departments:—

To Borough Engineer.

Choked or defective sewers	7
Choked or defective street gullies	9
Unauthorised burning of waste	2
Tents, Vans and Sheds	—
Accumulation of refuse	16
Dangerous structures	132
Defective street paving	3
Unauthorised Erection	—
Camping—Illegal use of land	—

To Housing Manager

Choked drains and housing defects	130
Overcrowding	1

To Water Engineer

Waste of Water	80
Insufficient supply	1
Absence of Water	—

To Director of Education

Proofing against access by Rodents	1
Other Defects	1
Defective Drains	3

CHOKED DRAINS.—During the year 733 complaints of choked drains were made to the Department. Of this number 417 drains were freed from obstruction by members of the staff of the Public Health Inspector's Department thus obviating the necessity for serving notices upon the owners.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYELAWS OR REGULATIONS

Offensive Trades.—There are no offensive trades carried on in the Borough.

Houses in Multi-Occupation.—There are 17 premises known to the Department to be used as Houses-let-in-lodgings.

Common Lodging Houses.—There is now only one common lodging house in the Borough.

This is owned by the Council and administered on their behalf by the Salvation Army. This accommodation was purchased and improved by the Authority to set a high standard for such accommodation.

During the year 13 visits of inspection were made to the common lodging house.

Hairdressers and Barbers.—There were at the end of the year 202 persons registered as hairdressers or barbers, and the number of premises registered was 202.

347 visits of inspection were made to these premises during the year.

Byelaws with respect to Nuisances.— These byelaws prove very effective for the control of pig-keeping. There were 11 persons in the Borough known to be engaged in the keeping of pigs, at the end of the year. 67 visits of inspection were made to pig styes during the year.

St. Helens Corporation (Electricity and General Powers) Act, 1948. Noise Abatement Act, 1960.

89 observations and interviews were made during the investigation of complaints of nuisances for noise during 1966.

Noise complaints during the year resulted from:

- (a) Noise from powerful compressors and fans in a factory which works both night and day.
- (b) Noise from a loudspeaker used for contacting staff on a garage forecourt.
- (c) Use of a loudspeaker on a van advertising a business in the town centre.
- (d) Alleged nuisance from a barking dog in a residential area.
- (e) Complaints from two neighbouring houses of noise caused by the occupants.

- (f) Noise from work at night in a factory situated adjacent to residential property.
- (g) Alleged noise from panel beating carried out at a garage in a residential area.
- (h) Use of a loudspeaker for advertising purposes at the front of a shop in the town centre.
- (i) Complaint from the occupant of a house alleging nuisance from the use of an electric drill by a neighbour.
- (j) Noise from powerful compressors in a factory adjacent to residential property.
- (k) Noise from large mobile air compressors situated outside business premises.
- (l) Alleged noise from car engines in a residential area.
- (m) Use of a loudspeaker for advertising purposes at the front of a shop.

As in previous years, a number of the complaints could not be justified. The occupiers of the factories concerned were willing to carry out adjustments and alterations to reduce the noise levels. The people responsible for the use of loudspeakers for advertising purposes were warned not to allow their use in the future.

OTHER SANITARY CONDITIONS

Prevention of Damage by Pests Act, 1949.—Table S.I.5 gives particulars of the work carried out under the above-mentioned Act during the year.

Table S.I.5.

PREVENTION OF DAMAGE BY PESTS ACT, 1949
Report for year ended 31st December, 1966

	TYPE OF PROPERTY	
	Non-Agricultural	Agricultural
Properties other than Sewers		
1. Number of properties in district	37,080	57
2. (a) Total number of properties (including nearby premises) inspected following notification.....	1,038	—
(b) Number infested by:		
(i) Rats	468	—
(ii) Mice	146	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	138	2
(b) Number infested by:		
(i) Rats	10	1
(ii) Mice	2	—
Sewers		
4. Were any sewers infested by rats during the year?	YES	

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

The operation of the above-mentioned Act took up a large proportion of the time of the Public Health Inspectorate in 1966. 4,911 visits of all kinds were paid by Inspectors to registered premises.

The Narrative Report for 1966 of the Chief Public Health Inspector was as follows:—

All the premises registered during 1966 were given a complete initial inspection and the attention of the occupiers drawn to any deficiencies.

During the year re-inspections of all previously registered premises were carried out. In many cases premises were found to fully comply with the Act or otherwise architects and builders had been commissioned to carry out the necessary works. Numerous requests were received for advice to be given at the premises as to the standard required under the Act. Unfortunately this advice had to be tempered with some restraint due to the lack of definite standards, i.e. of lighting and ventilation.

Accidents

Sixty accidents were notified during the year, but sixteen of these related to accidents which had occurred in 1965 and had not been notified due to ignorance of the requirements of notification. One main offender was officially warned by the Local Authority. Fortunately for the offenders these late notifications were only concerned with minor injuries.

Bruises and sprains predominated in the notifications. No serious accidents were notified during the year.

Registration of these premises was the first requirement, and the following table sets out the details:

Table S.I.4a

Class of Premises	No. of premises registered during year	Total number of registered premises at end of year	No. of registered premises receiving a general inspection during year
Offices	24	213	120
Retail shops	36	548	1551
Wholesale shops, warehouses	—	31	62
Catering establishments open to the public, canteens	7	134	251
Fuel storage depots	—	—	—
TOTALS	67	926	1984

Places of Public Entertainment.—34 visits were paid to places of public entertainment during 1966. The condition of these premises throughout the year was found to be generally satisfactory.

Mortuaries.—A Public Mortuary with post-mortem room is maintained behind the Town Hall, and is under the supervision of the Medical Officer of Health. During the year, 238 bodies were received into the mortuary and 208 post-mortem examinations were conducted.

Arrangements for the Disposal of the Dead.—At the end of the year there were 17.532 acres of land available for burials at the Borough Cemetery. Of the land adjoining the cemetery available for extension purposes, consisting of 23.8 acres, 8.47 acres has been used for the Crematorium and a Garden of Remembrance, leaving 15.33 acres for future earth burials. During the year there were 586 cremations, making a total of 2,066 since the Crematorium was opened.

Rag Flock and Other Filling Materials Act, 1951.—Owing to the continued shortage of Public Health Inspectors, no samples of rag flock or other filling materials were taken during the year.

Housing Act, 1957—Slum Clearance.—Slum clearance work continued under the current five year programme during the year.

The St. Helens (Burtonhead Road) Clearance Order, 1965, was confirmed by the Ministry of Housing and Local Government in March, 1966, and the St. Helens (Hall Street) Clearance Order, 1965, was confirmed in July, 1966.

Under these orders twenty-nine properties will be demolished and thirty new dwellings will be required to re-house the persons displaced.

During the year nine Clearance Areas were represented to the Public Health Committee—Finger Post Nos. 6, 7 and 8 Clearance Areas, comprising 256 houses, and Pocket Nook Nos. 1 to 6 Clearance Areas, comprising 88 houses.

Consequent thereon the Council made the St. Helens (Finger Post Nos. 6, 7 and 8) Compulsory Purchase Order, 1966, having earlier made the St. Helens (Finger Post Nos. 1 to 5) Compulsory Purchase Order, 1966, on Clearance Areas represented in 1965.

One Closing Order was made during the year.

Undertakings to demolish by the owners were accepted in respect of 22 houses and certificates of unfitness were given in respect of 3 houses owned by the Authority.

Inspections were continued on the extensive Park Road Nos. 1 and 2 Clearance Schemes, the last areas of which are expected to be represented early in 1967.

Demolition and re-housing continued during the year as follows:

	<i>Houses demolished</i>	<i>Persons Re-housed</i>	<i>Families Re-housed</i>
(1) Clearance Areas	194	204	84
(2) Undertakings to demolish by owners	97	184	71
(3) Certificates of unfitness by M.O.H.	25	16	6
	<hr/> 316	<hr/> 404	<hr/> 161

XIX.—HOUSING.

Housing

(1) Number of dwellinghouses erected during 1966 in the various wards of the Borough.

	<i>N.E.</i>	<i>S.E.</i>	<i>C.</i>	<i>N.W.</i>	<i>S.W.</i>	<i>H.</i>	<i>E.S.</i>	<i>W.S.</i>	<i>P.</i>	<i>M.B.</i>	<i>Total</i>
Local Authority	—	53	—	—	—	—	94	228	—	—	355
Private Enterprise	—	7	14	3	2	—	161	51	—	19	257

(2) Total number of houses completed during the year within the Borough:—

(a) with State assistance under Housing Acts

(i) Local Authority in Borough	.....	.....	355
(ii) Private Enterprise	.....	.....	—

(b) without State assistance

(i) Local Authority	.....	.....	—
(ii) Private Enterprise	.....	.....	257

Housing Acts, 1949 and 1964—Improvement Grants and Areas.

Inspections for Discretionary Improvement Grants and Standard Grants continued to be carried out by the Public Health Inspectors. 109 applications for Discretionary Grants and 22 for Standard Grants were dealt with in the year. 10 applications for loans were also dealt with.

A large number of informal enquiries were also answered by the staff.

Subsequent to the passing of the Housing Act, 1964, a survey of the Borough was made in order to ascertain which areas could be possibly designated as Improvement Areas under the Act. The survey revealed that there were approximately 8,000 houses suitable for improvement in either large or small areas.

Information in regard to Improvement Grants continued to be given where necessary on the inspections made for Smoke Control Areas. If a house was not up to standard the owners were also advised to consider the two questions of possible improvements and smoke control as one operation in order to save money and prevent duplication of work.

Unfortunately, shortage of staff prevented the necessary follow up of possible applicants in areas already surveyed for smoke control purposes.

Visits continued to be paid to persons submitting plans for alterations to their homes drawing their attention to the Improvement Grant scheme.

Rent Act, 1957

The following are particulars of applications received under this Act during the year:—

(1) Number of applications for Certificates of Disrepair.....	17
(2) Number of decisions not to issue Certificates	—
(3) Number of decisions to issue Certificates	
(a) in respect of some but not all defects	8
(b) in respect of all defects	4
(4) Number of Undertakings given by landlords	5
(5) Number of Certificates of Disrepair issued	12
(6) Applications by landlords for cancellation of Certificates	9
(7) Objection by tenants to cancellation of Certificates	1
(8) Certificates cancelled by Local Authority	4
(9) Decisions by Local Authority to cancel certificates in spite of objection	1

DISINFESTATION OF PREMISES AND HOUSEHOLD EFFECTS

A total of 5897 inspections of dwellinghouses and food premises for vermin infestation were made during the year, and the following disinfestation work was carried out:—

(1) Privately owned dwellinghouses	330
(2) Occupied Council houses	246
(3) Food premises	15
(4) Corporation buildings, other than dwellinghouses	12
(5) Other buildings.....	89
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Total No. of premises treated	692
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The insecticides used were either D.D.T., Gammexane or Chlordane

During the year the charges previously made for treating dwellinghouses for vermin were waived. All dwellinghouses infested with vermin are now sprayed free of charge. The service has also been extended in regard to the presence of cockroaches in that a routine follow up treatment is carried out after an interval of four months. Also, if a complaint is received in respect of one house in a block, either the whole block or a number of adjacent houses are sprayed at the same time.

Nominal charges are still made in respect of business premises.